

# FORMAT FOR MEDICAL CERTIFICATE

(To be obtained from Chief Medical Officer)

Name of Candidate:				Age:	Sex:
L.T	M.I.	<b>VISION</b>	Colour Vision:		
Height	Weight		Chest	Abdomen	Without glass:
				With glass:	
History	Operation	Kockh's	Colic's	B.P.	Blood Group
	Seizures	Asthma	Piles	Diabetes	
<b>E X A M I N A T I O N</b>	Pulse	Tonsil	DNS	Hernia	
	Pallor	L. Nodes	CSOM	Hydrocele	
	Cardiovascular	CNS			
	Respiratory	GIT			
	Genitourinary	Others			
Is the candidate physically handicapped: (please tick)				Yes/No	
If yes, type of handicap:				<b>Type-I:</b> One leg defective or missing. <b>Type-II:</b> One hand defective or missing <b>Type-III:</b> One eye defective or missing <b>Type-IV:</b> One hand and one leg defective	
Any other finding:					
Is the candidate having colour blindness?				Yes/ No	
Certified that the candidate is physically fit/ unfit/ temporarily disqualified to pursue engineering studies.					

Signature of Candidate

Signature of the issuing Medical Officer (with Official Seal)