CERTIFICATE OF MEDICAL FITNESS

[To be obtained only from Gazetted Government Medical Officer / Medical Officer of a Government Undertaking. (Please note that Medical Certificate issued by Private Practitioners will not be accepted)]

Name (In Block Letters) .....

Parent / Guardian Name .....

Sex Male / Female

Blood Group (Optional) .....

Height .....cm

Weight .....kg

Chest: Exp.....cm

Insp.. .....cm

Heart .....

Lungs .....

Vision .....

Hearing ....

Hernia / Hydrocele / Varicocele/ Piles, etc: .....

Any Other Disease Diagnosed in the Past: .....

Allergies, if any .....

Personal Marks of Identification:

1.

2.

I do hereby certify that I have examined Sri / Kum / Smt....., Son / Daughter of....., who is an applicant for admission to B.Tech/ MTech / PhD Program and could not notice that he / she has any disease, constitutional affection, bodily infirmity or mental unsoundness. His / Her age according to his/her statement is ..... year and by appearance about ..... years.

Signature of the Candidate

Place .....

Date .....

Office Seal

Signature: of the Medical Officer

Name: _____

Designation: _____

Registration No. _____