

# 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)