

MEDICAL FITNESS CERTIFICATE

Name of candidate; Age Sex.....					
LT	MI			VISION	Color Vision
Height	Weigh	Chest			without Glass
Abdomen					With Glass
History	Operation	Kockh's	Colics	B.P.	B.G.
	Seizures	Asthma	Piles	Diabetes	
	Pulse	Tonsil	DNS	Hernia	
	Pallor	L.nodes	CSOM	Hydrocele	
Cardiovascular			CNS		
Respiratory			GIT		
Genitourinary			Others		
Is the candidate physically handicapped:				Yes/No	
If Yes, Type of Handicap (Please Tick)				Type-1- One Leg Defective or Missing	
				Type-II-One Hand Defective or Missing	
				Type III- One Eye Defective or Missing	
				Type IV- One Hand and One Leg Defective	
Any Other Type of Handicap (Please Specify):					

Any Other Findings:

Certified that the Candidate is Physical/Fit/Unfit/Temporarily to Pursue Engineering Studies.

Signature of Candidate

Date:-.....

Signature of Issuing Medical Officer

(With Official Stamp)