

MEDICAL CERTIFICATE

(To be submitted in original at the time of admission)

1. Name: _____
2. Father's Name: _____
3. Date of birth: _____
4. Identification Marks
 - a) Height _____ b) Weight _____
 - c) Vision i) Night Blindness _____ ; ii) Colour Blindness _____
 - d) Report on any Physical Deformity _____

LABORATORY EXAMINATION

- i. Routine Urine Test _____
- ii. Report on Hb, TC, DC, ESR of blood and blood group _____
- iii. Routine stool test _____
- iv. Report on latest PA view X-ray of chest _____
- v. Report on blood pressure _____
- vi. Report on ECG _____
- vii. History of chronic illness, if any _____

I certify that:

- i. I myself have carefully examined Mr./Ms. _____
- ii. He/She is not suffering from any mental or physical disease/infirmity making him unfit or/likely to make him/her unfit for higher studies.

Signature of Medical Officer

Full Name _____

Registration No. _____

Designation _____

Name of the Hospital _____

Date

Note: Report should be signed by a Medical Officer of a Govt. hospital not below the rank of Asstt. Civil Surgeon/physician