

FORMAT FOR MEDICAL CERTIFICATE**(TO BE OBTAINED ONLY FROM A MEDICAL OFFICER OF GOVT. HOSPITAL)**

Name of Candidate:		Age:		Sex:	
Roll No.:		Category:		Subcategory:	
Merit Position:		Father's Name:			
(To be filled in by the candidate)					

L.T.		M.I.	V	Colour Vision
Height	Weight	Chest	I	Without glass
		Abdomen	S	
			I	
			O	
			N	With glass

History	Operation Seizures	Kock's Asthma	Colic's Piles	BP Diabetes
E	Pulse	Tonsil	DNS	Hernia
X				
A				
M	Pallor	L Nodes	CSOM	Hydrocele
I				
N				
A	Cardiovascular		CNS	
T				
I	Respiratory		GIT	
O				
N	Genitourinary		Others	
S				
Is the candidate physically handicapped : Yes/ No				
If yes. Type and extent of handicap (Please write) : Type -I: One leg or hand defective				
Type _____ Type -II: One leg missing				
Extent _____ % Type - III One hand missing				
Any other type of handicap (Please specify) :				
Any other finding:				
Final result. (Fit/Unfit)based on the medical standards given in Appendix III of the Prospectus (overleaf) for the purpose of Admission.				

Signature of Candidate

Signature of Medical Officer of Govt. Hospital
(with official stamp)Date:
Registration No.