

| MEDICAL CERTIFICATE (to be issued by a Registered Medical Practitioner) | | | | | |
|---|---|---|----------------------|------------------|---|
| <u>GENERAL EXPECTATIONS</u> | | | | | |
| Candidates should have good general physique. In particular, | | | | | |
| <ul style="list-style-type: none"> • Chest measurement should not be less than 70 cm, with satisfactory limits of expansion and contraction. • Vision should be normal. In case of defective vision, it should be corrected to 6/9 in both eyes or 6/6 in the better eye. Colour blind and unocular (having vision in only one eye) persons are restricted from admission to certain courses. • Hearing should be normal. Defective hearing should be corrected. • Heart and lungs should not have any abnormality and there should be no history of mental illness and epileptic fits. | | | | | |
| 1 | Name of the candidate: | | | | |
| 2 | Identification Mark (a mole, scar or birthmark), if any | | | | |
| 3 | Major illness/operation, if any (specify nature of illness/operation) | | | | |
| 4 | Height in cm: | Weight in kg: | Blood Group: | | |
| 5 | Past History | (a) Mental illness (b) Epileptic Fit | | | |
| 6 | Chest (a) Inspiration in cm | | (b) Expiration in cm | | |
| 7 | Hearing | | | | |
| 8 | Vision with or without glasses: | Right Eye | Left Eye | Colour Blindness | Unocular vision (having vision in only one eye) |
| 9 | Respiratory System | | | | |
| 10 | Nervous System | | | | |
| 11 | Heart | (a) Sounds | (b) Murmur | | |
| 12 | Abdomen Hernia Hydrocele (a) Liver (b) Spleen | | | | |
| 13 | Any other defects: | | | | |
| Certificate of Medical Fitness | | | | | |
| <input type="checkbox"/> The candidate fulfils the prescribed standard physical fitness, medical fitness and is FIT for admission to Engineering/Architecture/ Pharmaceutics/ Science Course | | | | | |
| <input type="checkbox"/> The candidate does not fulfil the prescribed standard of physical fitness/medical fitness and is unfit/temporarily unfit for admission due to following defects: | | | | | |
| Name of the Doctor | | Signature | Registration number | Seal | |