MEDICAL CERTIFICATE

(to be produced at the time of Admission)

Certified that I, Dr	
(IMC. Reg.No day of	
2017 examined the candidate whose particulars are given below:	
1. Name of the Candidate :	
2. Name of the parent :	
3. Sex : Male / Female	
4. Age with date of Birth : years	
Date Month Year	
5. Identification Marks 1.	
2.	
 Whether the candidate fulfill the following standards <u>Normal</u> <u>If No, specify the defect</u> 	
a) General Fitness consists of Yes/No	
Full Blood Test including HIV Test	
Full Urine Test	
Chest X-ray	
ECG	
Mental Retardness Test and	
Other General Tests	
b) Vision : Yes/No	
c) Auditory functions : Yes/No	
d) Speech functions : Yes/No	

7. Whether Physically Handicapped:

Yes/No (If <u>Yes</u> specify the defect and the extent of disability)

- i. Vision
- ii. Speech
- iii. Hearing
- iv. Limbs
- 8. **OPINION :** with the above clinical details Please specify

Whether the candidate is physically eligible to be considered for admission in Engineering Colleges / Technical Institutions

Yes/No (If <u>No</u> specify the reasons)

Signature of Regd.Medical Practitioner

Signature of the Candidate

Register No. :

Place :

Date :

Full Address: