

# **CERTIFICATE OF MEDICAL FITNESS**

**[To be obtained only from Gazetted Government Medical Officer / Medical Officer of a Government Undertaking. (Please note that Medical Certificate issued by Private Practitioners will not be accepted) ]**

Name (In Block Letters) .....

Parent / Guardian Name .....

Sex Male / Female                                      Blood Group (Optional) .....

Height .....cm    Weight .....kg

Chest: Exp.....cm    Insp.. .....cm

Heart .....    Lungs .....

Vision .....    Hearing ..... .....

Hernia / Hydrocele / Varicocele/ Piles, etc: .....

Any Other Disease Diagnosed in the Past: .....

Allergies, if any .....

Personal Marks of Identification:

- 1.
- 2.

I do hereby certify that I have examined Sri / Kum / Smt....., Son / Daughter of....., who is an applicant for admission to B.Tech/ MTech / PhD Program and could not notice that he / she has any disease, constitutional affection, bodily infirmity or mental unsoundness. His / Her age according to his/her statement is ..... year and by appearance about ..... years.

**Signature of the Candidate**

Place .....

Date .....

Office Seal

**Signature: of the Medical Officer**

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Registration No. \_\_\_\_\_