

FORMAT FOR MEDICAL CERTIFICATE**(FROM A MEDICAL OFFICER OF A GOVT. HOSPITAL/PANT UNIVERSITY 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 I S I O N	Colour Vision		
Height	Weight		Chest	Abdomen	Without glass
				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
(with official stamp)**Registration No.****Date:**