

CERTIFICATE –9 (प्रमाणपत्र-9)

* FORMAT FOR MEDICAL CERTIFICATE

(To be obtained from a Chief Medical Officer or Medical Officer of a participating U.P. State Funded Engg. Institute)

This certificate has to be submitted at the time of admission in the college allotted.

Name of Candidate:				Age:		Sex:	
Counselling Roll No.:				Category:		Subcategory & Weighatge:	
State Rank Position: (To be filled in by the Candidate)				Father's Name:			
L.T.		M.I.		VISION	Colour Vision:		
Height	Weight	Chest	Abdomen		Without glass: With glass:		
History		Operation		Kockh's Colics		B.P.	
		Seizures		Asthma		Piles	
						Diabetes	
E X A M I N A T I O N	Pulse		Tonsil		DNS		Hernia
	Pallor		L.Nodes		CSOM		Hydrocele
	Cardiovascular				CNS		
	Respiratory				GIT		
	Genitourinary				Others		
Is the candidate physically handicapped/Disabled:				(Please tick) Yes / No			
If yes, type of handicap/disability:				Type -I: Minimum 40% permanent Visual impairment			
(Please tick ✓ the type of handicap/disability)				Type-II: Minimum 40% permanent Locomoter disability			
and				Type-III: Minimum 40% permanent speech Hearing impairment			
Any other finding:							
Certified that the candidate is physically fit/unfit/temporally disqualified to pursue engineering studies							

Signature of Candidate

Signature of the issuing Medical Officer (with Official stamp)

CERTIFICATE – 10 (प्रमाणपत्र-10)

UNDERTAKING BY CANDIDATE FOR MEDICAL FITNESS

I certify that I have no such physical handicap/disability which would hinder the pursuit of studies in the courses in which I am seeking admission. If at stage it is found that I have a physical handicap/ disability which would hinder the pursuit of studies in the courses in which I am seeking admission then my admission will be liable to be cancelled. I will produce medical fitness certificate from a C.M.O./C.M.S. at the time of my joining the institution allotted by counselling.

Dated:

Counter Signed by Father / Guardian

Signature of the Candidate