## Medical Examination Report (To be issued by a Registered Medical Practitioner)

GENERAL EXPECTATIONS: Candidates should have good general physique. In particular, a) Chest measurement should not be less than 70 cm, with satisfactory limits of expansion and contraction. b) 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 uniocular persons are restricted from admission to certain courses. c) Hearing should be normal. Defective hearing should be corrected. d) Heart and lungs should not have any abnormality and there should be no history of mental illness and epileptic fits.

(This part is to be filled by the Student)

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Name in Full: (in Capital Letters)																				
Data of Pirth.						[			ĺ							٦				
Date of Birth: (dd-mm-yyyy)										Age:										
Gender:																				
Identification Mark o (This can be a mole,								 	 		 									
Any Major illness/ O (Specify nature of illr								 	 		 									
Provide details, if yo	u are cu	rrently	unde	er an	y me	dica	ition:	 	 		 						_			
Date:														Stud						
(The fo	ollowing CC	part is <b>)LLEC</b>											xam	inat	ion)					
											(Tic	k w	hich	ever	r is c	colle	cted	anc	latta	ach it)
A-1. Hemoglobin Pe	ercentag	e Rep	ort																	
A-2. DLC/ TLC Report																				
A-3. ESR Report																				
A-4. ABO Typing																				
A-5. Urine Report (ro	outine ar	nd mic	rosco	pic)																
																	(P	.T.O	.)	

## MEDICAL CERTIFICATE

1. Heightcm	2. Weightkg
3. Past History	4. Chest
a) Mental illness	a) Inspirationcm
b) Epileptic Fit	b) Expirationcm
5. Blood Group (as stated by the stud	ent) 6. Hearing
7. Vision with or without glasses	
(a) Right Eye	(b) Left Eye
(c) Colour Blindness	(d) Uniocular Vision
8. Respiratory system	9. Nervous system
10. Heart	11. Abdomen
a) Sounds	a) Liver
b) Murmur	b) Spleen
12. a) Hemia	
b) Hydorcele	
13. Any other defects	
Certified that Mr./Ms.	
<ul> <li>a) fulfills the prescribed standard of physical fitness and in Arts/ Science/ Research Programmes</li> <li>b) does not fulfill the prescribed standard of physical fitner following defects and reasons <u>Defects and Reasons:</u></li> </ul>	

Name of the Doctor	Signature with Date	Registration Number	Seal