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:			Father's Name:			

(To be filled in by the Candidate)

L.T.	M.I.				VISION	Colour Vision: Without glass: With glass:
Height	Weight	Chest	Abdomen			

History		Operation	Kockh'sColics	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: If yes, type of handicap/disability: (Please trick ✓ the type of handicap/disability) and		(Please tick) Yes / No Type -I: Minimum 40% permanent Visual impairment Type-II: Minimum 40% permanent Locomoter disability 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 Offical 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