

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:
Height	Weight	Chest	Abdomen		Without glass:
					With glass:
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:		<input type="checkbox"/>		(Please tick) Yes / No	
If yes, type of handicap/disability:		<input type="checkbox"/>		Type -I: Minimum 40% permanent Visual impairment	
(Please tick ✓ the type of handicap/disability)		<input type="checkbox"/>		Type-II: Minimum 40% permanent Locomoter disability	
and		<input type="checkbox"/>		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)