

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 & Weightage:		
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's Colics	B.P.		
		Seizures	Asthma	Piles	Diabetes	
EXAMINATION	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:		<input type="checkbox"/>	Type -I: Minimum 40% permanent Visual impairment			
(Please tick ✓ the type of disability/ handicapped disability)		<input type="checkbox"/>	Type-II: Minimum 40% permanent Locomoter			
		<input type="checkbox"/>	Type-III: Minimum 40% permanent speech and hearing impairment			
Any other finding:						
Certified that the candidate is physically fit/unfit/temporally disqualified to pursue engineering studies						

Signature of Candidate
(stamp)

Signature of the issuing Medical Officer (with Official stamp)