

PERFORMA FOR MEDICAL CERTIFICATE
{To be obtained from a Government Medical Officer (MBBS)}

Name of Candidate :		Age :		Sex :	
UPSEE- Roll No.:		Category :		Subcategory & Weightage :	
State Rank Position :		Father's Name :			
(to be filled in by the Candidate)					
L.T Height	M.I Weight	Chest	Abdomen	Vision	Colour Vision : Without glass : With glass :
History		Operation Seizures	Kockh's Asthma	Colics Piles	B.P. 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 : (Please Tick)					Yes / No
If yes, type of handicap :					Type - I : One leg defective or missing Type - II : One hand defective or missing Type - III : One eye defective or missing Type - IV : One hand and one leg defective Any other
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)