

## Annexure 8

| <b>MEDICAL CERTIFICATE</b><br><b>(to be issued by a Registered Medical Practitioner)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                       |                        |                                         |                      |                                                 |
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| <b><u>GENERAL EXPECTATIONS</u></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       |                        |                                         |                      |                                                 |
| <p>Candidates should have good general physique. In particular,</p> <p>✓ Chest measurement should not be less than 70 cm, with satisfactory limits of expansion and contraction.</p> <p>✓ 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.<br/>           Colour blind and uni-ocular (having vision in only one eye) persons are restricted from admission to certain courses.</p> <p>✓ Hearing should be normal. Defective hearing should be corrected.</p> <p>✓ Heart and lungs should not have any abnormality and there should be no history of mental illness and epileptic fits.</p> |                                                                       |                        |                                         |                      |                                                 |
| 1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (a)                                                                   | Name of the candidate: | (b)                                     | Gender:              |                                                 |
| 2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Identification Mark (a mole, scar or birthmark), if any               |                        |                                         |                      |                                                 |
| 3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Major illness/operation, if any (specify nature of illness/operation) |                        |                                         |                      |                                                 |
| 4.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Height in cm:                                                         |                        | Weight in kg:                           |                      | Blood group:                                    |
| 5.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Past History                                                          |                        | (a) Mental illness<br>(b) Epileptic Fit |                      |                                                 |
| 6.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Chest in cm                                                           | (a) Inspiration        |                                         | (b) Expiration in cm |                                                 |
| 7.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Hearing                                                               |                        |                                         |                      |                                                 |
| 8.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (Vision with or without glasses:)                                     | (Right Eye)            | (Left Eye)                              | (Colour Blindness)   | Unocular vision (having vision in only one eye) |
| 9.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Respiratory System                                                    |                        |                                         |                      |                                                 |
| 10.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Nervous System                                                        |                        |                                         |                      |                                                 |
| 11.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Heart (a) Sounds                                                      |                        | (b) Murmur                              |                      |                                                 |
| 12.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Abdomen<br>(a) Liver<br>(b) Spleen                                    |                        | Hernia                                  |                      | Hydrocele                                       |
| 13.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Any other defects:                                                    |                        |                                         |                      |                                                 |
| <b>Certificate of Medical Fitness</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                       |                        |                                         |                      |                                                 |
| <input type="checkbox"/> The candidate fulfils the prescribed standard physical fitness, medical fitness and is FIT for admission to Engineering/Architecture/ Pharmaceuticals/ Science Course                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                       |                        |                                         |                      |                                                 |
| <input type="checkbox"/> The candidate does not fulfil the prescribed standard of physical fitness/medical fitness and is unfit/temporarily unfit for admission due to following defects:                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                       |                        |                                         |                      |                                                 |
| _____<br>Doctor's Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       | _____<br>Signature     |                                         | _____<br>Date        |                                                 |
| _____<br>Registration No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                       |                        | _____<br>Seal                           |                      |                                                 |