

## 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			Without glass:			
Chest		Abdomen			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)

## **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