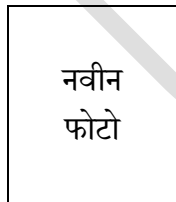


## Certificate – 9 (प्रमाण पत्र – ९)

### Medical Fitness Certificate

(To be submitted at the time of Physical Reporting)

Name of Candidate: _____ Age: _____ Sex: _____					
Application No.: _____ Category: _____ Subcategory _____					
Father's Name: _____					
<b>( To be filled in by the Candidate )</b>					
L.T. Height	M.I. Weight	Chest	Abdomen	VISION	Colour Vision: 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 Respiratory Genitourinary			CNS GIT Others	
Is the candidate physically handicapped/Disabled: (Please tick) Yes / No					
If yes, type of handicap/disability: (Please tick ✓ the type of handicap/disability) Type -I: Minimum 40% permanent Visual impairment Type-II: Minimum 40% permanent Locomoter disability 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					



Candidate Signature

Signature of Issuing Medical Officer

Name

Stamp

**Certificate – 10 (प्रमाण पत्र – १०)**

**Undertaking for Medical Fitness**

**(To be submitted at the time of Physical Reporting)**

I hereby certify that I do not suffer from any physical handicap or disability that would hinder my ability to pursue the course for which I am seeking admission. If, at any stage, it is found that I have such a physical handicap or disability, my admission shall be liable to cancellation. I undertake to produce a medical fitness certificate issued by a C.M.O or C.M.S. At the time of joining the institution allotted through counselling.

Dated : \_\_\_\_\_

Counter signed by Father/Guardian

Signature of Candidate

UPTAC-2020