

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		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 trick ✓ 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)