

MEDICAL FITNESS CERTIFICATE

* 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:		D.O.B. :		Sex:		
Father's Name:						
Application No.:		(To be filled in by the Candidate)		Category:		
L.T. Height		Colour Vision: Without glass: With glass:				
History		Operation		Kockh's Insomnia / Depression		
		Seizures		Asthama		
Examination	Pulse		Tonsil		DNS	
	Pallor		L.Nodes		CSOM	
	Cardiovascular		CNS			
	Respiratory		GIT			
	Genitourinary		Others.			
Is the candidate physically handicapped/Disabled :				(Please tick) Yes/ No		
If yes, type of handicap/ disability:				Type -I: Minimum 40% permanent Visual impairment		
(Please tick the type of handicap/ disability)				Type-II: Minimum 40% permanent Locomotor 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 research studies						

Signature of Candidate

Signature of the issuing Medical Officer (with Official stamp)

CERTIFICATE

UNDERTAKING BY CANDIDATE FOR MEDICAL FITNESS

I certify that I have no such physical handicap/disability/depression which would hinder the pursuit of research studies in the Ph.D programme in which I am seeking admission. If at any stage it is found that I have a physical handicap/ disability/depression which would hinder the pursuit of research studies in the Ph.D programme 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./ Medical Officer of a participating U.P. State Funded Engg. Institute at the time of my joining the institution allotted by Ph.D 2019-20 (Phase – 1) counseling.

Dated:

Counter Signed by Father / Guardian

Signature of the Candidate