

## 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.		Colour Vision:			
Height		Without glass:			
		With glass:			
History		Operation		Kockh's	
		Seizures		Asthama	
				Insomnia / Depression	
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