



ECG :

Mental Retardness Test and :

Other General Tests :

b) Vision : Yes/No

c) Auditory functions : Yes/No

d) Speech functions : Yes/No

7. Whether Physically Handicapped Yes/No

(If Yes specify the defect and the extent of disability)

(i) Vision :

(ii) Speech :

(iii) Hearing :

(iv) Limbs :

8. OPINION: with the above clinical details Please specify,

Whether the candidate is physically eligible to be considered for admission in

Engineering Colleges/Technical Institutions. : Yes/No (If Nospecify the reasons)

Signature of the Applicant

Signature of Regd. Medical Practitioner

Place:

Register No.:

Date:

Full Address: