Annexure II

MEDICAL CERTIFICATE

Certifie	ed that IDr							
(IMC. F	Reg.No) have th	nis			•••		
day of	examined	I the cand	didate wl	hose p	particulars are given below:			
1)	Name of the Candidate	:						
2)	Father's Name of the candidat	e:						
3)	Sex	:	Male/Female					
	SCX		iviaic) i	ciriaic				
4)	Age with date of Birth	:	ye	ars				
					Date Month Year			
5)	Identification Marks		1.					
			2.					
C)	Mile and a supplied and for its land	ul						
6)	Whether the candidate fulfils the							
	Following Standards		:	Norma	al (if <u>No</u> specify the defect)			
	a) General Fitness consists of							
	Full Blood Test including HIV Test :							
	Full Urine Test		:					
	Chest X-ray			:				

		ECG					:			
		Mental	Retardn	ess Tes	st and		:			
		Other (General T	ests			:			
b)	Vision					:	Yes/No		
c) Auc	dito	ry functions	5		:	Yes/No				
d)	Speech fur	nctions				:	Yes/No		
7. \	Whe	ether Physic	cally Han	dicappe	ed			Yes/No		
(If <u>Yes</u> sp	oeci	fy the defe	ct and th	e exten	nt of disa	bility)				
(i)	Vision		:						
(ii) S	Spe	ech	:							
		(iii)	Hearing		:					
		(iv)	Limbs		:					
8.	<u>OPI</u>	I <u>NION</u> : witl	h the abo	ve clini	ical deta	ils Please	specify	,		
Whether	r the	e candidate	is physic	ally eli	gible to b	e consid	lered fo	r admissio	n in	
Engineer	ring	Colleges/T	echnical	Instituti	ions. :	Yes/No	(If <u>No</u> sp	ecify the r	easons)	
Signatur	e of	the Applica	ant			Signatu	re of Re	gd. Medic	cal Practitio	oner
Place:						Registe	r No.:			
Date:						Full Add	dress:			