

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: (To be filled in by the Candidate)		Father's Name:			
L.T.	M.I.	VISION	Colour Vision:		
Height	Weight		Chest	Abdomen	
History		Operation	Kockh'sColics	B.P.	
		Seizures	Asthma	Piles	Diabetes
E X A M I N A T I O N	Pulse	Tonsil	DNS	Hernia	
	Pallor	L.Nodes	CSOM	Hydrocele	
	Cardiovascular		CNS		
	Respiratory		GIT		
Genitourinary		Others			
Is the candidate physically handicapped/Disabled:		<input type="checkbox"/>		(Please tick) Yes / No	
If yes, type of handicap/disability: (Please tick ✓ the type of handicap/disability)		<input type="checkbox"/>		Type -I: Minimum 40% permanent Visual impairment	
and		<input type="checkbox"/>		Type-II: Minimum 40% permanent Locomoter disability	
		<input type="checkbox"/>		Type-III: Minimum 40% permanent speech Hearing impairment	
Any other finding:					
Certified that the candidate is physically fit/unfit/temporally disqualified to pursue engineering studies					

Signature of Candidate

Signature of the issuing Medical Officer (with Official stamp)

CERTIFICATE – 10 (प्रमाणपत्र–10)

UNDERTAKING BY CANDIDATE FOR MEDICAL FITNESS

I certify that I have no such physical handicap/disability which would hinder the pursuit of studies in the courses in which I am seeking admission. If at stage it is found that I have a physical handicap/ disability which would hinder the pursuit of studies in the courses 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. at the time of my joining the institution allotted by counselling.

Dated:

Counter Signed by Father / Guardian

Signature of the Candidate