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 Can	ndidate:		Age: Sex:						
Counselling Roll No.:		Category:		Subcategory &\		y &Weigh	natge:		
State Rank Position: Father's Name:									
(To be filled in by the Candidate)									
L.T.	M.I.					Coloui	r Vision:		
Height	Weight	Chest	Abdomen			Witho	ut glass:		
					VISION	With g	glass:		
History		Operation	Koc	kh's Colics		B.P.			
		Seizures	Asth	ıma	Pile	·S	Diabe	tes	
EXAMINATION	Pulse		Tonsil		DNS		F	Hernia	
	Pallor		L. Nodes		CSON	1		Hydrocele	
	Cardiov	vascular			CNS				
	Respira	tory			GIT				
	Genito	urinary			Others				
Is the candidate physically handicapped/Disabled: (Please tick) Yes / No									
If yes, type o		Type -I: Minimum 40% permanent Visual impairment							
(Please trick disability/ ha		Type-II:	Minim	ium 4	10% pei	rmanent	Locomoter		
Type-III: Minimum 40% permanent speech and								and	
			hearing impairment						
Any other finding:									
Certified that the candidate is physically fit/unfit/temporally disqualified to pursue engineering studies									
Signature of Candidate stamp)				Signature of the issuing Medical Officer (withOffical					

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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 Fa	ather / Guardian	Signature of the Candidate
Dateu.	Counter Signed by F	atrier / Guarulari	Signature of the Candidate