

**ANNEXURE – II**

**MEDICAL CERTIFICATE**

(to be produced at the time of Admission)

Certified that I, Dr.....  
(IMC. Reg.No. ....) have this ..... day of  
.....2014 examined the candidate whose particulars are given  
below:

1. Name of the Candidate : \_\_\_\_\_
2. Name of the parent : \_\_\_\_\_
3. Sex : Male / Female
4. Age with date of Birth : ..... years 

Date	Month	Year			
5. Identification Marks
  1. \_\_\_\_\_
  2. \_\_\_\_\_
6. Whether the candidate fulfils the following standards : Normal    If No, specify the defect
  - a) General Fitness consists of 

Yes/No
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Full Blood Test including HIV Test  
Full Urine Test  
Chest X-ray  
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 **No** specify the reasons)

Signature of the Candidate

Signature of Regd. Medical Practitioner

Place :

Register No. :

Date :

Full Address: