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ANNEXURE 8

MEDICAL CERTIFICATE (to be issued by a Registered Medical Practitioner)				
GENERAL EXPECTATIONS				
Candidates should have good general physique. In particular, Chest measurement should not be less than 70 cm, with satisfactory limits of expansion and contraction. Vision should be normal. In case of defective vision, it should be corrected to 6/9 in both eyes or 6/6 in the better eye. Colour blind and unocular (having vision in only one eye) persons are restricted from admission to certain courses. Hearing should be normal. Defective hearing should be corrected. Heart and lungs should not have any abnormality and there should be no history of mental illness and epileptic fits.				
1	Name of the candidate:			
2	Identification Mark (a mole, scar or birthmark), if any			
3	Major illness/operation, if any (specify nature of illness/operation)			
4	Height in cm:	Weight in kg:	Blood Group:	
5	Past History	(a) Mental illness (b) Epileptic Fit		
6	Chest (a) Inspiration in cm		(b) Expiration in cm	
7	Hearing			
8	Vision with or without glasses:	Right Eye	Left Eye	Unocular vision <small>(having vision in only one eye)</small>
9	Respiratory System			
10	Nervous System			
11	Heart	(a) Sounds	(b) Murmur	
12	Abdomen (a) Liver (b) Spleen	Hernia	Hydrocele	
13	Any other defects:			
Certificate of Medical Fitness				
<input type="checkbox"/> The candidate fulfils the prescribed standard physical fitness, medical fitness and is FIT for admission to Engineering/Architecture/Pharmaceutics/Science Course <input type="checkbox"/> The candidate does not fulfil the prescribed standard of physical fitness/medical fitness and is unfit/temporarily unfit for admission due to following defects:				
Name of the Doctor Signature Registration number Seal				

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DATE :
Signature _____
Name _____ Designation _____

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CERTIFICATE – 9 (प्रमाण पत्र-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:
UPSEE-2017 Roll No.:		Category:	Subcategory & Weights:
State Rank Position:		Father's Name:	
(To be filled in by the Candidate)			
L.T.	M.I.	Colour Vision:	
Height	Weight	Chest	Abdomen
History		Operation	Kockh's
		Seizures	Asthma
		Colics	
		B.P.	
EXAMINATION	Pulse	Tonsil	DNS
	Pallor	L.Nodes	CSOM
	Cardiovascular	CNS	
	Respiratory	GIT	
Genitourinary		Others	
Is the candidate physically handicapped/Disabled?		(Please tick) Yes / No	
If yes, type of handicap/disability:		Type -I: Minimum 40% permanent Visual impairment	
(Please tick ✓ the type of handicap/disability)		Type-II: Minimum 40% permanent Locomoter disability	
and		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 (प्रमाण पत्र-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 UPSEE-2017 counselling.

Dated: Counter Signed by Father / Guardian Signature of the Candidate

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