

Medical Examination Form

Items Nos. 1 to 8 below to be filled in by the candidate

1. Name of the candidate_____
2. Father's Name_____
3. Mother's Name_____
4. Date of Birth_____
5. Department (in which admission is being sought)_____
6. University Receipt for Medical Examination Fee
No._____ Date_____ Rs._____
7. Roll No. (allotted by the Department):
8. History of any previous or existing illness
 - I. History of illness like epilepsy, Hypertension, Asthma, Tuberculosis, Rheumatic, Arthritis, Diabetes, Heart Problem etc,
 - II. History of any Surgery / Accident
 - III. History of any medication _____

Photograph to be
attested by Physician

Signature of the candidate

(Signature of the candidate in the
presence of the examining Doctor)

Medical Examination

- A. General Physical Examination
 - a) Blood pressure
 - b) Pulse
 - c) Vision (without glasses) Right _____ left _____
 - d) Vision (with glasses) Right _____ left _____
- B. Laboratory Test
Urine : Alb _____
- C. Systemic Examination
- D. Any person specific recommendation requiring further tests / examination

It is certified that the above named candidate has been medically examined and found fit to pursue the course of studies to which he or she has already been admitted provisionally.

(Signature of the Medical Officer with seal and date)