PERFORMA FOR MEDICAL CERTIFICATE

{To be obtained from a Government Medical Officer (MBBS)}

Name of Candidate : Age : Sex :
UPSEE- Roll No.: Category : Subcategory & Weighatage :
State Rank Position : Father's Name :

(to be filled in by the Candidate)

L.T Height	M.I Weight	Chest	Abdomen	Vision	Colour Vision : Without glass : With glass :

History		Operation Seizures	Kockh's Asthma	Colics Piles	B.P. Diabetes
Examination	Pulse	Tonsil		DNS	Hernia
	Pallor	L. Nodes		CSOM	Hydrocele
	Cardiovascular			CNS	
	Respiratory			GIT	
	Genitourinary			Others	

Is the candidate physically handicapped : (Please Tick) Yes / No
If yes, type of handicap :
Type- I : One leg defective or missing
Type – II : One hand defective or missing
Type – III : One eye defective or missing
Type – IV : One hand and one leg defective
Any other

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)