

## 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 Candidate:				Age:		Sex:		
Counselling Roll No.:				Category:		Subcategory & Weighatge:		
State Rank Position:				Father's Name:				
( To be filled in by the Candidate )								
L.T.		M.I.		VISION	Colour Vision:			
Height		Weight			Without glass:			
Chest		Abdomen		With glass:				
History		Operation		Kockh's Colics		B.P.		
Seizures		Asthma		Piles		Diabetes		
E X A M I N A T I O N	Pulse		Tonsil		DNS		Hernia	
	Pallor		L.Nodes		CSOM		Hydrocele	
	Cardiovascular				CNS			
	Respiratory				GIT			
	Genitourinary				Others			
Is the candidate physically handicapped/Disabled:				<input type="checkbox"/> (Please tick) Yes / No Type -I: Minimum 40% permanent Visual impairment Type-II: Minimum 40% permanent Locomoter disability Type-III: Minimum 40% permanent speech Hearing impairment				
If yes, type of handicap/disability: (Please tick ✓ the type of handicap/disability)				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
and								
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 (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 Father / Guardian

Signature of the Candidate