

**This Certificate should be submitted at the time of admission duly filled in and signed by a Registered Medical Practitioner.**

### **CERTIFICATE OF MEDICAL FITNESS**

Name : \_\_\_\_\_  
(in Block Letters)

Father's Name : \_\_\_\_\_

Height : \_\_\_\_\_ Weight : \_\_\_\_\_ Chest : \_\_\_\_\_

Blood Group : \_\_\_\_\_

Heart & Lungs : \_\_\_\_\_

Vision L : \_\_\_\_\_ R : \_\_\_\_\_

Colour Vision : \_\_\_\_\_

Hearing : \_\_\_\_\_

Hernia / Hydrocele / Piles : \_\_\_\_\_

Any other medical deficiency : \_\_\_\_\_

Remarks : \_\_\_\_\_

#### **Medical Standards for Admission**

**1. General Medical Fitness:**

- Candidates must possess good health and physique with sound mind.
- Candidate should not suffer from any disease, physical or mental infirmity.

**2. Allowable Defects in Eyesight:**

- Myopia or Myopic Astigmatism: Total strength of correcting lens not exceeding 3.5D.
- Hypermetropia or Hypermetropic Astigmatism not exceeding 14D.
- Min. acuteness of vision after correction: 6/9 in one eye & 6/6 in the other.
- Candidates with Colour-blindness are liable to be disqualified.

*I certify that I have carefully examined Sri \_\_\_\_\_  
son of Sri \_\_\_\_\_ who has signed in my presence. He has  
no mental infirmity, or physical disease or disorder and is fit to conduct studies and perform hands-on  
activities involving rotating machinery in labs and workshops.*

\_\_\_\_\_  
Signature of the Candidate

Place : \_\_\_\_\_

Date : \_\_\_\_\_

\_\_\_\_\_  
Signature of Medical Officer / Practitioner  
with legible Seal

Registration No. \_\_\_\_\_