

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. _____