

## 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 & Weightage: |                                                               |           |
| State Rank Position:                                                                                       | Father's Name: |                          |                                                               |           |
| <b>( To be filled in by the Candidate )</b>                                                                |                |                          |                                                               |           |
| L.T.                                                                                                       | M.I.           | VISION                   | Colour Vision:                                                |           |
| Height                                                                                                     | Weight         |                          | Chest                                                         | Abdomen   |
| Without glass:                                                                                             |                | With glass:              |                                                               |           |
| History                                                                                                    | Operation      | Kockh's Colics           | B.P.                                                          |           |
|                                                                                                            | Seizures       | Asthma                   | Piles                                                         | Diabetes  |
| EXAMINATION                                                                                                | Pulse          | Tonsil                   | DNS                                                           | Hernia    |
|                                                                                                            | Pallor         | L. Nodes                 | CSOM                                                          | Hydrocele |
|                                                                                                            | Cardiovascular |                          | CNS                                                           |           |
|                                                                                                            | Respiratory    |                          | GIT                                                           |           |
| Genitourinary                                                                                              |                | Others                   |                                                               |           |
| Is the candidate physically handicapped/Disabled:                                                          |                | (Please tick) Yes / No   |                                                               |           |
| If yes, type of handicap/disability:                                                                       |                | <input type="checkbox"/> | Type -I: Minimum 40% permanent Visual impairment              |           |
| (Please tick ✓ the type of disability/ handicapped disability)                                             |                | <input type="checkbox"/> | Type-II: Minimum 40% permanent Locomoter                      |           |
|                                                                                                            |                | <input type="checkbox"/> | Type-III: Minimum 40% permanent speech and hearing impairment |           |
| Any other finding:                                                                                         |                |                          |                                                               |           |
| Certified that the candidate is physically fit/unfit/temporally disqualified to pursue engineering studies |                |                          |                                                               |           |

Signature of Candidate  
(stamp)

Signature of the issuing Medical Officer (with Official stamp)