Fitness Certificate for admission to Engineering & Technology Courses (Medical Certificate)

| Name | | | . Age : | . Sex | |
|--|----------------------------------|-----------------------|----------------|-------------------------|--|
| I, have examined M | r./Ms | | | | |
| carefully and noted | as given below : | | | | |
| 1. Personal ma | Personal marks of identification | | | | |
| 2. Height | cms. | | | | |
| 3. Weight | Kgs. | | | | |
| 4. General Exa | mination : P | / J | / Oed | / Cy | |
| 5. Chest Measurement | | | | | |
| a) Normal :cms. | | | | | |
| b) Full Inspir | b) Full Inspiration cms. | | | | |
| c) Full Expir | c) Full Expirationcms. | | | | |
| 6. Eye Sight: Right EyeLeft Eye Colour Blindness | | | | | |
| 7. Immunization Status : | | | | | |
| 8. General Physique : | | | | | |
| 9. Heart: | | | | | |
| 10. Lungs : | | | | | |
| 11. Abdominal Viscera: | | | | | |
| 12. Blood Group : | | | | | |
| I, do hereby certify t | hat I, cannot discover | r that he / she has a | ny disease con | stitutional affectional | |
| of bodily and menta | l infirmary | | | | |
| I, Consider tat above candidate FIT to join his her study. | | | | | |
| | | | | | |
| Signature of the Car | ndidate | | | | |
| Date : | | | | | |
| Place: | | Name : | Regd. Medical | • | |