

Medical Certificate

Course Applied to ..... ANNEXURE III .....

College Applied for .....

Personal Details Fill in Capital Letters Application Number [ ][ ][ ][ ][ 2 ][ 0 ][ ][ ][ ]

Applicant's Name .....

Father's/Guardian's Name .....

Date of Birth [ ][ ]-[ ][ ]-[ ][ ] Sex [ ] Blood Group..... Height (in cm)..... Weight (in Kgs.) .....

Personal Identification Marks (if any) .....

Primary Medical Details Vaccine Details

Table with columns: Age (Stated, Apparent), Chest Measurement (Stated, Full inspiration, Full Expiration), Vaccine taken, Start Date, End Date.

General Physique .....

Heart .....

Lung condition .....

Abdominal Viscera .....

Details of any serious disease .....

I have examined the candidate and do hereby certify that I have not found that she/he has any disease, constitutional affection or physical/mental infirmity except .....

I do not consider the above to be a disqualification unfitting him/her now or likely to unfit him/her in the future for active outdoor life as required in the academic programme applied for

Details of any chronic disease .....

Signature of the Medical Practitioner with Regd. No.