## 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.

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Name	of Candidate:				Age	e: Sex:		
Counse	elling Roll No.:	Category:		Subcategory & Weighatge:				
	ank Position:		Father's Name:					
( To be filled in by the Candidate )								
L.T.	M.I.					Colour Vision:		
Height	Weight	Chest	Abdomen		VISION	Without glass: With glass:		
History	/	Operation	Kockh's	Colics	В	B.P.		
		Seizures	Asthma		Piles	s Diabetes		
E X	Pulse	Tons	sil	DNS		Hernia		
A M I	Pallor	L.No	odes	CSOM		Hydrocele		
N	Cardiovascular			CNS				
A T I	Respiratory			GIT				
O N	Genitourinary			Others				
Is the candidate physically handicapped/Disabled:  If yes, type of handicap/disability:  (Please trick ✓ the type of handicap/disabilty)  Type-II: Minimum 40% permanent Visual impairme  Type-III: Minimum 40% permanent Locomoter disability.  Type-III: Minimum 40% permanent specified by the spec								
Any other finding:								
Certified that the candidate is physically fit/unfit/temporally disqualified to pursue engineering studies								
Signature of Candidate Signature of the issuing Medical Officer (withOffical stamp)								
CERTIFICATE – 10 (प्रमाणपत्र–10) UNDERTAKING BY CANDIDATE FOR MEDICAL FITNESS								

I certify that I have no such physical handicap/disability which would hinder the pursuit of studies in the courses in which I am seeking admission. If at stage it is found that I have a physical handicap/ disability which would hinder the pursuit of studies in the courses in which I am seeking admission then my admission will be liable to be cancelled. I will produce medical fitness certificate from a C.M.O./C.M.S. at the time of my joining the institution allotted by counselling.

Dated:	Counter Signed by Father / Guardian	Signature of the Candidate