

MEDICAL CERTIFICATE

(To be obtained from a Medical Officer having minimum M.B.B.S. degree)

This certificate has to be submitted by the student at the time of taking admission in GLA University, Mathura

Medical Officer
Community Health Centre
Aurangabad (Punjab)



Personal Details

Name of Candidate : <u>Abhay Choudhary</u>	Gender: _____
Father's Name : <u>Sh. Sudesh Kumar</u>	Date of Birth : <u>28-06-2007</u>
Mother's Name : <u>Smt. Geeta Devi</u>	Blood Group : <u>A+</u>

Medical History

Surgery/Fracture	Blood Transfusion
Hepatitis	Pulmonary Koch's
Hypertension	Diabetes Mellitus
Allergies/Asthma	Seizures

I _____ solemnly affirm that the details of my medical history supplied by me to the doctor are accurate to the best of my knowledge. I shall be solely held responsible for any discrepancies therein.

Date: _____

Signature of Candidate

General Examination

Pulse <u>72</u> /minute	BP <u>110/72</u> mmHg	Weight <u>66</u> kg	Height <u>180</u> cms
Pallor <u>⊖</u>	Icterus <u>⊖</u>	Lymphadenopathy <u>⊖</u>	

Systemic Examination

Central Nervous System	<u>Conscious, oriented</u>
Cardiovascular System	<u>Sig. heard</u>
Respiratory System	<u>B/L A/E ⊕</u>
Musculoskeletal System	<u>WNL</u>
Genitourinary System	<u>WNL</u>
Abdomen	<u>WNL</u>
Skin/Hair	<u>WNL</u>
Eyes	<u>B/L</u>
Ears	<u>WNL</u>

Any other significant findings (please specify any findings related to colour blindness / depression / psychological behaviour or any other medical issue, if found) _____

Certified that the candidate is fit/unfit/temporarily unfit to pursue his/her studies.

Date: _____

MCI/State Medical Council Registration Number DMC/R/28581

Signature and seal of Medical Officer

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Community Health Centre
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Note: Keeping in view future employment prospects and selection in organizations/companies, candidates are advised to get any visual, speech, hearing or loco-motor impairments further evaluated by relevant medical/ surgical specialists.