

## **CERTIFICATE OF MEDICAL FITNESS**

## For Admission in First Year Engineering / Architecture Batch — 2017

To be obtained only from a Gazetted Government Medical Officer/Medical Officer of a Government Hospital.

Please note that this certificate in no other form will be accepted. Medical Certificates issued by private medical practitioners will not be accepted.

| Name (in Black letters)                       |  |
|---|--|
| Name (in Block letters)                       |  |
| Father's Name                                 |  |
| Height  |  |
| Weight  |  |
| Blood Group                                   |  |
| Chest   |  |
| Vision  |  |
| Hearing:                                      |  |
| Any communicable or other disease (if any)    |  |
|   |  |
| I certify that I have carefully examined Mr./ | Msson/daughter of                            |
| Mr,. He/ S                                    | he has no mental and physical disease and is |
| declared FIT.                                 |  |

Signature of the Medical Officer with legible seal