ANNEXURE-VI

MEDICAL CERTIFICATE

Certified that I, Dr. …… (Reg.No…….) have this …… Day of ……2022 examined the candidate whose particulars are given below:

1. Name of the candidate :
2. Name of the parent/ guardian :
3. Sex : ☐ Male ☐ Female ☐ Transgender

		Date	Month	Year
4.	Date of Birth :	☐☐	☐☐	☐☐☐☐
	Age (in years) :			

5. Identification Marks :1.

2.

6. Whether the candidate fulfills the**:** Normal/ If no specify the defect by following standards?

a) General Fitness consists of

Complete Blood Test including HIV Test	Yes/No
Complete Urine Test	Yes/No
Chest X-ray	Yes/No
ECG	Yes/No
Mental Retardness Test and	Yes/No
Other General Tests	
b) Vision	Yes/No
c) Auditory functions	Yes/No
d) Speech functions	Yes/No

7. Whether differently disabled (Physically Handicapped): Yes/No
(If **Yes** specify the defect and the extent of disability)

(i) Vision

(ii) Speech

(iii) Hearing

(iv) **Limbs** (% disability)

a) upper limbs:

b) lower limbs:

c) disability of total body including disability of chest or spine:

d) weather candidate is suffering with progressive diseases like myopathies etc., (**Yes/No**):

e) disabilities which otherwise would interfere in the performance of the duties of a veterinarian.

The disability shall be certified by a duly constituted and Government authorized Medical Board comprising of at least three specialists out of which two shall be of the specialty concerned and the candidate has to present himself/ herself before the Medical Board. The last valid disability certificate of the candidate from a Medical Board shall not be more than three months old from the date of submitting his or her certificate (last date of application for admission).

8. OPINION: with the above clinical details Please specify, Whether the candidate is Physically eligible to be considered for admission in Karnataka Veterinary Animal and Fisheries Sciences University, Bidar.
(if **No** specify the reasons) Yes/No

Signature of the Candidate

Place :

Date :

Signature of Regd. Medical Practitioner

Register No.:

Full Address: