

MEDICAL FITNESS CERTIFICATE
For CITS/CTS/ADIT admission

(To be obtained only from Gazetted Govt. Medical officer/Medical Officer of a Govt. Undertaking AMA/MBBS and above).

1. Name (in Block Letters).....
2. Father's Name :
3. Blood group:
4. Mark of Identifications:.....
5. Blood Pressure:.....
6. Pulse rate (Beats/min):.....
7. Height: (cm.) 8. Weight..... (Kg.) 9. BMI.....
10. Chest:.....
11. Vision : L : R :
12. Colour Blindness, congenital or other disease of Eye (if any) :
13. Hearing :
14. Abuse of substances (if any): Smoking / Alcohol / Drugs / Any other:.....
15. Past History of any major illness (eg. KOCH (TB) / Epilepsy) :
16. Whether he/she is suffering from (tick $\sqrt{\quad}$) :-
 - i. Dry Cough
 - ii. Sneeze
 - iii. High Fever
 - iv. Body Pain
 - v. Difficulty in Breathing
 - vi. Loss of Senses of Smell & Taste

17. Allergies, if any :-.....
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18. Any other Remarks :

I, Dr..... after careful personal examination of the case do hereby certify that Shri./Smt/Kumari..... who has signed in my presence has no mental and physical diseases and is found physically ***FIT / UNFIT*** to undergo professional / technical education.

Signature of the Candidate:.....

Place:.....
Date:



Signature of Medical Officer :.....
with seal:.....
Reg. No.:
Designation:.....