

MEDICAL PROFORMA

1. Name of the Candidate:

2. Father's Name:

3. Sex: Male / Female 4. Height: Cm 5. Weight: Kg 6. Blood Group:

7. Identification Marks: 1.

2.

8. Whether the candidate fulfils the following standards: (If No specify the defect)
: Yes No

(a) General Fitness consists of

- Full Blood Test Including HIV Test
- Full Urine Test
- Chest X-ray
- ECG
- Mental Retardness Test and
- Other General Tests

(b) Normal Vision : Yes No

(c) Normal Auditory functions : Yes No

(d) Normal Speech functions : Yes No

9. Whether Physically Disabled (If Yes specify the defect and the extent of disability) : Yes No

- Vision
- Speech
- Hearing
- Limbs

10. If having any allergy (If Yes specify) : Yes No

11. If having any chronic disease (If Yes specify) : Yes No

12. OPINION: With the above clinical details please specify Whether the candidate is physically eligible to be Considered for admission in Engineering College/ Technical Institutions : Yes No (If No specify the reason)

Signature of the Applicant:

Signature of Regd. Medical Practitioner:

Place :

Registration No.:

Date :

Full Address: