

FORMAT FOR MEDICAL CERTIFICATE

ANNEXURE- 8

(To be obtained from a Chief Medical Officer or Medical Officer of a Participating UTTARAKHAND STATE Funded Engineering Institute)

Name of Candidate: _____	Category _____	Age _____	Sex _____
JEE Main-2016 Roll No. _____	Subcategory & Weightage: _____		
Merit/Waiting List Position: _____	Father's Name _____		
(To be filled in by the Candidate)			

L.T. _____	Weight _____	M.I. _____	Chest _____	Abdomen _____	V I S I O N	Color Vision _____
Height _____	_____	_____	_____	_____		Without glass _____
_____	_____	_____	_____	_____		With glass _____

History _____	Operation _____	Kockh's _____	Colics _____	BP _____
Seizures _____	Asthma _____	Piles _____	Diabetes _____	
E X A M I N A T I O N S	Pulse _____	Tonsil _____	DMS _____	Hernia _____
	Pallor _____	L.Nodes _____	CSOM _____	Hydrocele _____
	Cardiovascular _____	_____	CNS _____	_____
	Respiratory _____	_____	GIT _____	_____
	Genitourinary _____	_____	Others _____	_____
Is the candidate physically handicapped:		Yes/No: _____		
If yes, Type of handicap (Please tick):		Type-I: One leg defective or missing		
		Type-II: One hand defective or missing		
		Type-III: One eye defective or missing		
		Type-IV: One hand and one leg defective		
Any other type of handicap (Please specify): _____				
Any other findings: _____				
Certified that the candidate is physically fit/unfit/temporarily disqualified to pursue engineering studies.				

Signature of Candidate

Signature of the issuing Medical Officer and date  
(With official Stamp)