

CERTIFICATE OF MEDICAL FITNESS

Name (In Block Letters) : _____

Father's Name : _____

Height : _____ Weight : _____ Chest : _____

Heart & Lungs : _____

Vision : L - _____ R - _____

Colour Vision : _____

Hearing : _____

Hernia / Hydrocele / Piles : _____

Remarks : _____

*I certify that I have carefully examined Sri./Smt. _____,
son/daughter of Sri. _____ who has signed in my
presence. He/She has no mental and physical disease and is fit.*

Signature of the Candidate

Date :

Place :

Signature of Medical Officer/Practitioner
with Legible seal

Registration No. _____

Prescribed Medical Standards for Admission

- * The candidate should possess good health and physique with sound mind. He/She should not be suffering from any disease, physical or mental infirmity.

Allowable Defects in Eyesight

- * Myopia or Myopic Astigmatism: Total strength of correcting lens not exceeding 3.5 Dioptre and acuteness of vision after correction (a) 6/9 in one eye and (b) 6/6 in another.
- * Hyper-metropia not exceeding 14 Dioptre or Hypermetropic Astigmatism: Strength of correcting lens not exceeding 4 Dioptre and acuteness of vision after correction (a) 6/9 in one eye and (b) 6/6 in another.
- * The candidates should not be colour blind.