

CERTIFICATE – 9

*** FORMAT FOR MEDICAL CERTIFICATE**

(To be obtained from a Chief Medical Officer or Medical Officer of a participating U.P. State Funded Engg. Institute)

This certificate has to be submitted at the time of admission in the college allotted.

Name of Candidate:		Age:	Sex:
JEE-2024 Roll No. :		Category:	Subcategory & Weighatge:
State Rank Position:		Father's Name: (To be filled in by the Candidate)	
L.T.	M.I.	VISION	Colour Vision:
Height	Weight		Without glass:
	Chest		With glass:
History	Operation	Kockh's	Colics
	Seizures	Asthma	Piles
			B.P.
E X A M I N A T I O N	Pulse	Tonsil	DNS
	Pallor	L.Nodes	CSOM
	Cardiovascular		CNS
	Respiratory		GIT
	Genitourinary		Others
Is the candidate physically handicapped/Disabled:		(Please tick) Yes / No	
If yes, type of handicap/disability:		Type -I: Minimum 40% permanent Visual impairment	
(Please tick <input type="checkbox"/> the type of handicap/disabilty)		Type-II: Minimum 40% permanent Locomoter disability	
		e-III: Minimum 40% permanent speech and Hearing impairment	
Any other finding:			
Certified that the candidate is physically fit/unfit/temporally disqualified to pursue engineering studies			

Signature of Candidate

Signature of the issuing Medical Officer (with Official stamp)

CERTIFICATE – 10

UNDERTAKING BY CANDIDATE FOR MEDICAL FITNESS

I certify that I have no such physical handicap/disability which would hinder the pursuit of studies in the courses in which I am seeking admission. If at stage it is found that I have a physical handicap/ disability which would hinder the pursuit of studies in the courses in which I am seeking admission then my admission will be liable to be cancelled. I will produce medical fitness certificate from a C.M.O./C.M.S. at the time of my joining the institution allotted by JEE-2024 counseling.

Dated:

Counter Signed by Father / Guardian

Signature of the Candidate