

**FORMAT FOR MEDICAL CERTIFICATE****(TO BE OBTAINED ONLY FROM A CHIEF MEDICAL OFFICER OF A DISTRICT  
or CHIEF MEDICAL SUPERINTENDENT OF GOVT. BASE HOSPITAL)**

Name of Candidate:		Age:		Sex:	
JEE Roll No.:		Category:		Subcategory:	
All India Rank		Father's Name:			
(To be filled in by the candidate)					

Left Thumb Impression	M.I.	V I S I O N	Colour Vision		
Height	Weight		Chest	Abdomen	Without glass
				With glass	

History	Operation Seizures	Kock's Asthma	Colic's Piles	BP Diabetes
E	Pulse	Tonsil	DNS	Hernia
X				
A				
M	Pallor	L Nodes	CSOM	Hydrocele
I				
N				
A	Cardiovascular		CNS	
T				
I	Respiratory		GIT	
O				
N	Genitourinary		Blood Group	
S				
Is the candidate physically handicapped : Yes/ No				
If yes. Type and extent of handicap (Please write) : Type –I : One leg or hand defective				
Type _____ : Type –II : One leg missing				
Extent _____ % : Type – III : One hand missing				
Any other type of handicap (Please specify) :				
Any other finding:				
Final result. (Fit/Unfit) .....based on the medical Standards given in Appendix III of the Prospectus (overleaf) for the purpose of Admission.				

Signature of Candidate

Signature of Chief Medical Officer /  
Chief Medical Supdt. of Govt. Base Hospital (with official stamp)  
Date: