

## CERTIFICATE – 9 (प्रमाण पत्र-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:		
UPSEE-2014 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:			
	Abdomen					
History		Operation	Kockh's	Colics	B.P.	
	Seizures	Asthma	Piles	Diabetes		
E X A M I N A T I O N	Pulse	Tonsil	DNS	Hernia		
	Pallor	L.Nodes	CSOM	Hydrocele		
	Cardiovascular		CNS			
	Respiratory		GIT			
	Genitourinary		Others			
Is the candidate physically handicapped/Disabled:		<input type="checkbox"/>	(Please tick) Yes / No			
If yes, type of handicap/disability:		<input type="checkbox"/>	Type -I: Minimum 40% permanent Visual impairment			
(Please tick ✓ the type of handicap/disability)		<input type="checkbox"/>	Type-II: Minimum 40% permanent Locomoter disability			
		<input type="checkbox"/>	Type-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)