

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-2016 Roll No.:		Category:		Subcategory & Weighatge:	
State Rank Position:		Father's Name:			
(To be filled in by the Candidate)					
L.T.	M.I.				VISION
Height	Weight	Chest	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:		(Please tick) Yes / No			
If yes, type of handicap/disability:		Type -I: Minimum 40% permanent Visual impairment			
(Please tick ✓ the type of handicap/disability)		Type-II: Minimum 40% permanent Locomoter disability			
		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 Offical stamp)