MEDICAL PROFORMA

1. Name of the Candidate:

2. Father's Name:

3. Sex: Male / Female 4. Height: ___ Cm 5. Weight: ___ Kg 6. Blood Group:

7. Identification Marks: 1.

2.

8. Whether the candidate fulfils the following standards: (If No specify the defect)

: Yes ☐ No ☐

(a) General Fitness consists of

Full Blood Test Including HIV Test
Full Urine Test
Chest X-ray
ECG
Mental Retardness Test and
Other General Tests

(b) Normal Vision : Yes ☐ No ☐

(c) Normal Auditory functions : Yes ☐ No ☐

(d) Normal Speech functions : Yes ☐ No ☐

9. Whether Physically Disabled (If Yes specify the defect and the extent of disability) : Yes ☐ No ☐

Vision
Speech
Hearing
Limbs

10. If having any allergy (If Yes specify) : Yes ☐ No ☐

11. If having any chronic disease (If Yes specify) : Yes ☐ No ☐

12. OPINION: With the above clinical details please specify Whether the candidate is physically eligible to be Considered for admission in Engineering College/ Technical Institutions : Yes ☐ No ☐ (If No specify the reason)

Signature of the Applicant:.....

Signature of Regd. Medical Practitioner:.....

Place : .....

Registration No.: .....

Date : .....

Full Address: .....