CERTIFICATE – 9 (प्रमाण पत्र–9)

*FORMAT FOR MEDICAL CERRIFICATE

(To be obtained from a Chief Medical Officer or Medical Officer of a participating U.P. State Fund Engg. Institute)
This certificate has to be submitted at the time of admission in the college allotted.

Name of Candidate:			**Age:**	**Sex:**
UPSEE-2018 Roll No.:		**Category:**	**Subcategory & Weighatge:**	
State Rank Position:		**Father's Name:**		
(To be filled in by the Candidate)				

L.T. **M.I.**	**VISION**	**Color Vision:**
Height **Weight** **Chest** **Abdomen**		**Without Glass:** **With Glass:**

History	**Operation**	**Kockh's**	**Colics**	**B.P.**
	Seizures	**Asthma**	**Piles**	**Diabetes**

EXAMINATION	**Pulse**	**Tonsil**	**DNS**	**Hernia**
	Pallor	**L. Nodes**	**CSOM**	**Hydrocele**
	Cardiovascular		**CNS**	
	Respiratory		**GIT**	
	Genitourinary		**Others**	

Is the candidate physically handicapped/ Disabled: **If yes, type of handicap/ disability:** **(Please tick the type of handicap/ disability)**		**(Please tick)** **Yes/ No** **Type-I: Minimum 40% permanent Visual impairment** **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 Official Stamp)**

CERTIFICATE – 10 (प्रमाण पत्र–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 UPSEE-2017 counseling.

Dated: **Counter Signed by Father/ Guardian**   **Signature of the Candidate**