

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-2021 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: Without glass: With glass:	
Height	Weight		Chest	Abdomen
History	Operation	Kockh'sColics	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: If yes, type of handicap/disability (Please tick ✓ the type of handicap/disability)		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(Please tick) Yes/No Type-I: Minimum 40% permanent Visual impairment Type-II: Minimum 40% permanent Locomoter disability Type-II: 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-9)

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-2021 counselling.

Dated:

Counter Signed by Father / Guardian

Signature of the Candidate