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**Medical Fitness Certificate**

(Photograph)

Roll No/Registration No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Weight \_\_\_\_\_\_\_\_\_\_\_ (kg) Height \_\_\_\_\_\_\_\_\_\_\_\_ (cm) BP\_\_\_\_\_\_\_\_\_
2. Blood Group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Lungs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Heart: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Vision: Left Eye \_\_\_\_\_\_\_\_ Right Eye \_\_\_\_\_\_\_ Details of Glasses (if worn)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Hearing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Any impediment in Speech\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. Any disability:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. Any Neurological / Psychiatric disease, (if yes, please give details) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
10. Suffering from Hepatitis B / Hepatitis C / HIV (AIDS) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
11. Any significant Disease diagnosed in the past:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
12. Vaccinated (Yes/No/Partially): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
13. Taking any medicine on regular basis (if yes, please give details): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
14. Allergies if any \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
15. Any Communicable / Contagious Disease: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
16. Mark of Identification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that I have examined Mr / Ms \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Son / Daughter of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ who is an applicant for admission to Undergraduate Program at NUTECH and could not notice that he / she has any physical or mental disease and is **FIT** to undertake studies.

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| --- | --- |
| Signature of Doctor with legible seal  PM & DC No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dated\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Signature of Candidate (in presence of Doctor)  Dated\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Note for Candidate**: Please present your medical fitness certificate at admission directorate NUTECH at the time of joining.

**MEDICAL STANDARDS FOR ADMISSION**

Study at NUTECH demands good physique and stamina. An applicant must have sound health so as to bear the strain of the study.