

Annexure – I

**FORM OF MEDICAL CERTIFICATE / मेडिकल सर्टिफिकेट का प्रारूप**

(To be signed by a Registered Medical Practitioner /पंजीकृत मेडिकल प्रैक्टिशनर द्वारा हस्ताक्षरित होना चाहिये)

**(TO BE SUBMITTED AT THE TIME OF ADMISSION)**

I certify that I have carefully examined Sh. /Smt. /Ku. ....

Son/daughter/Wife of Shri..... Whose signature is given below. As a result of his/her examination I certify that nothing adverse has been found which may disqualify him/her from admission to a technical institution. I have to further add that:

मैं प्रमाणित करता हूँ कि मैंने श्री/श्रीमती /कु. .... पिता / माता ..... की ध्यान से जांच की है जिसका हस्ताक्षर नीचे दिया गया है। जाँचके परिणामस्वरूप मैं प्रमाणित करता हूँ कि उनकी जाँच में कुछ भी प्रतिकूल नहीं पाया गया है जो उन्हें एक तकनीकी संस्थान में प्रवेश हेतु अयोग्य ठहराता है।

1.His/her eyes appear to be.....

2.His/her heart & lungs are clear.....

3.His/her weight is.....

4.His/her height is.....

5.He/she does not wear glasses/rear glass with vision. ....

6.He/she has not had any disease, mental and bodily infirmity, which will make him/her, unfit in the near future for an active life and training.

Marks of identification.....

पहचान के निशान

Signature of the candidate.....

उम्मीदवार का हस्ताक्षर

.....

Name & Signature of the  
Medical Officer with seal& Registration No.  
चिकित्सा अधिकारी का नाम और हस्ताक्षर,सील और  
पंजीकरण संख्या सहित