



राष्ट्रीय प्रौद्योगिकी संस्थान जमशेदपुर  
**NATIONAL INSTITUTE OF TECHNOLOGY JAMSHEDPUR**  
 Jamshedpur – 831014, Jharkhand, India

Academic Session 2017-18

**Medical Examination Report**

(To be issued by a Registered Medical Practitioners)

**General Expectations:**

**Candidates should have good general physique in particular.**

- Chest Measurement should not be less than 70cm, with satisfactory limits of expansion and contraction.*
- Vision should be normal. In case of defective vision, it should be corrected to 6/9 in both eyes or 6/6 in the better eye.*
- Hearing should be normal. Defective hearing should be corrected.*
- Heart and lungs should not have any abnormality and there should be no history of mental illness or epileptic fits.*

**PERSONAL HISTORY**

- Name: \_\_\_\_\_
- Roll No. \_\_\_\_\_ 3. Registration No. \_\_\_\_\_
- Branch: \_\_\_\_\_
- NIMCET 2017 Roll No: \_\_\_\_\_ 6. AIR \_\_\_\_\_
- Category Rank \_\_\_\_\_ 7. Age \_\_\_\_\_ Years \_\_\_\_\_ Months
- Parent/Guardian's Name \_\_\_\_\_
- Gender \_\_\_\_\_
- Identification mark on the body, if any (this can be a mole, scar or birthmark)  
 \_\_\_\_\_  
 \_\_\_\_\_
- Major illness/operation, if any (specify nature of illness/operation)  
 \_\_\_\_\_  
 \_\_\_\_\_

**Signature of the Student**

# MEDICAL CERTIFICATE

(The following are to be filled by the Medical Officer conducting the medical examination)

1. Height: \_\_\_\_\_ cm    2. Weight: \_\_\_\_\_ kg
3. Past History:
- a) Mental Disease : \_\_\_\_\_
- b) Epileptic Fit : \_\_\_\_\_
4. Chest:
- a) Inspiration: \_\_\_\_\_ cm    b) Expiration: \_\_\_\_\_ cm
5. Blood Group : \_\_\_\_\_
6. Hearing : \_\_\_\_\_
7. Vision with or without glasses:
- a) Right Eye: \_\_\_\_\_    b) Left Eye : \_\_\_\_\_
- b) Colour Blindness: \_\_\_\_\_    d) Uniocular vision: \_\_\_\_\_
8. Respiratory system: \_\_\_\_\_    9. Nervous system: \_\_\_\_\_
10. Heart: (a) Sounds: \_\_\_\_\_    b) Murmur: \_\_\_\_\_
11. Abdomen (a) Liver: \_\_\_\_\_    b) Spleen: \_\_\_\_\_
12. (a) Hernia: \_\_\_\_\_    b) Hydrocele: \_\_\_\_\_
13. Any other defects

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Certified that \_\_\_\_\_ son/daughter of

\_\_\_\_\_

- (a) fulfills the prescribed standard physical fitness and is FIT for admission to Academic Programmes.
- (b) does not fulfill the prescribed standard of physical fitness and is unfit/ temporarily unfit for admission due to following defects

\_\_\_\_\_

\_\_\_\_\_

- (c) \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Signature of the Medical Officer with date

Office seal

Full Name \_\_\_\_\_

Medical Registration No. \_\_\_\_\_

Mobile No. : \_\_\_\_\_

Address for correspondence:

\_\_\_\_\_

\_\_\_\_\_