



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: _____
- GATE/CCMT REG No: _____ 6. GATE 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:
