MEDICAL FITNESS CERTIFICATE
For CITS/CTS/ADIT Admission

(To be obtained only from Gazetted Govt. Medical officer/Medical Officer of a Govt. Undertaking AMA-MBBS and above).

1. Name (in Block Letters).....
2. Father's Name : .....
3. Blood group: .....
4. Mark of Identifications :.....
5. Blood Pressure :.....
6. Pulse rate (Beats/min): .....
7. Height :..... (cm) 8. Weight: ..... (Kg.) 9. BMI: .....
10. Chest: .....
11. Vision : L : ..... R : .....
12. Colour Blindness, congenital or other disease of Eye (if any) : .....
13. Hearing : .....
14. Abuse of substances (if any) : Smoking / Alcohol / Drugs / Any other :.....
15. Past History of any major illness (eg. KOCH (TB) / Epilepsy) : .....
16. Whether he/she is suffering from (tick √) :-

i. Dry Cough	☐	ii. Sneeze	☐
iii. High Fever	☐	iv. Body Pain	☐
v. Difficulty in Breathing	☐	vi. Loss of Senses of Smell & Taste	☐

17. Allergies, if any :-.....

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18. Any other Remarks: .....

I, Dr..... after careful personal examination of the case do hereby certify that Shri./Smt/Kumari..... who has signed in my presence has no mental and physical diseases and is found physically ***FIT / UNFIT*** to undergo professional / technical education.

Signature of the Candidate: .....

Place:.....

Date: .....

Affix latest passport size photo with cross attestation by the Medical Officer

Signature of Medical Officer.: .....

with seal: .....

Reg. No.: .....

Designation: .....