

**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  $\checkmark$ ) :-
  - 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 :-.....  
.....

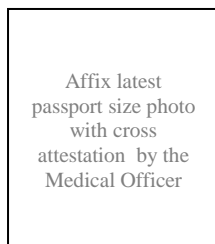
18. Any other Remarks: .....

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: .....



Signature of Medical Officer.: .....

with seal: .....

Reg. No.: .....

Designation: .....