Annexure-I

DEV BHOOMI
—UTTARAKHAND—
UNIVERSITY
(Notified by Govt. of India u/s 2(f) of the U.G.C. Act, 1956)

MEDICAL CERTIFICATE

(To be issued by a Registered Medical Practitioner)

Name of the Student _____ Admission No. _____

Father's Name _____ Mother's Name _____

Gender _____ Identification Mark _____

Height in cm_____ Weight in kg _____ Blood Group _____ HB% _____

History of any signification past or present illness/prolonged illness :

Asthma _____ Epilepsy _____ Others _____

General Medical Record

Is there any significant condition the school needs to be aware of about your child's main systems and organs ?

_____

_____

Is your child allergic to ;

Any medicine _____ Any food _____ Anything Else _____

Does your child wear spectacles _____ Does your child suffer from any kind of colour blindness _____

Doctor's Remarks / Suggestions_____

_____

Certificate of Medical Fitness

☐ The candidate fulfills the prescribed standard physical fitness, medical fitness and is FIT for admission to any programme

☐ The Candidate does not fulfill the prescribed standard of physical fitness/medical fitness and is unfit/temporarily unfit for admission due to following defects

_____	_____	_____
Name of the Doctor	**Regn. No.**	**Signature with Seal and Date**