## MEDICAL FITNESS CERTIFICATE

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Sriand could not discover which disqualify him/he	that He/Sher for admis	indidate for admissi ne has any disease ( sion as a medical stu	ion at the Autonomous S or any  constitutional  we	tate M eaknes	S/o, D/o dedical College, Firozabad es bodily or any infirmity ace aboutyrs.
,			v		gnature of Candidate)
Member of Medicine Deptt. Name & Signature		of Pathology Deptt. ne & Signature	Member of Surgery Deptt. Name & Signature		Member of Eye Deptt Name & Signature
Member of ENT Deptt Name & Signature		Member of Radiology Deptt. Name & Signature			Member of Gynaecology Deptt. Name & Signature

CMS Autonomous State Medical College, Firozabad

Principal,
Autonomous State Medical College,
Firozabad

## AUTONOMOUS STATE MEDICAL COLLEGE, FIROZABAD

Medical Examination Form of the Candidates Admitted for M.B., B.S. Course -20 (TO BE FILLED IN BY THE CANDIDATE IN CAPITAL LETTERS) Name Mr./ Miss SelfAttested Mobile No РНОТО Date of Birth ..... Same as paste on NEET Form Father's Name Sh Mobile No. ..... Physical Handicapped ...... (Yes/No) Category Gen./SC/ST/OBC/MBC/EWPH/FF/Others ...... Caste ....... Address: **Signature of Candidate** Date: MEDICAL EXAMINATION REPORT Dept. of Medicine:-PHYSICIAN'S REPORT Duration S.No Major Illness Remarks Spleen Liver Pulse Blood Pressure\_\_\_\_\_ Thyroid\_\_\_\_ Loco Motor System Skin Disease Any other \_\_\_\_\_ Fit / Unfit Name : Dr. ..... **SIGNATURE** Dept. of Medicine (MEDICAL JURIST'S REPORT) General Health: Good / Fair / Poor Mark of Identification \_\_\_\_\_ Height\_\_\_\_\_kgm. Chest: On full inspiration\_\_\_\_\_cms. On expiration\_\_\_\_\_cms Fit / Unfit Name: Dr. ..... **SIGNATURE** Dept. of Pathology ( PATHOLOGIST'S REPORT) Urine Examination Report Blood Group Fit / Unfit Name: Dr. .... **SIGNATURE** 

Name of Candidate :Mr./Ms						
MEDICAL EX	XAMINATION REPORT					
Dept. of Surgery (SURGEON'S REPO	RT)					
Hernia	Hydrocele					
Varicose Veins	Piles / Fistula					
	Evidence of Tumor, If any					
Palpation of: Liver / Kidney / Spleen: Y	es / No					
Any other abnormalities						
my coner agreement						
	Fit / Unfit SIGNATURE					
Name: Dr.						
Dept. of Radiology (RADIOLOGIST'S						
X-ray or screening Report						
	Fit / Unfit					
Name : Dr	SIGNATURE					
Dept. of Ophthalmology (EYE SPEC	IALIST'S REPORT)					
	L					
Distance	L					
GOIOGI VISIOII						
Tractionia	The ATT Co					
	Fit / Unfit					
Name : Dr						
Dept. of ENT (E.N.T. SPECIALIST'S R	EPORT)					
Examination of EAR						
Examination of Nose						
Examination of ThroatAny Hearing Impairment						
Any hearing impairment						
• .	Fit / Unfit					
Name : Dr						
Dept. of OBG( GYNAECOLOGIST'S R	EPORT) (Only for GIRLS candidate)					
	Fit / Unfit					
Name : Dr	<u>SIGNATURE</u>					
THUMBIMPRESSION (Boy Left Thumb/	Girl Right Thumb)					
	Fit / Unfit					
	SIGNATURE					
<u>CHAIRMAN OF MEDICAL B</u>						
	Name : Dr					
Student's Signature:	Date					