Medical Certificate format –

**Personal detail -**

Name:

Age: Gender:

Father’s/Mother’s/Guardian’s Name:

Permanent Address:

NEET Rank:

**Medical Examination detail –**

Apparent Age: Height: \_\_\_\_\_\_ cm Weight: \_\_\_\_\_ Kg

Eye Sight: Normal - without glass \_\_\_\_\_\_\_\_\_\_/ with glass\_\_\_\_\_\_\_\_\_\_

Colour Blindness: Absent/Present

Heart Sounds: Normal/Adventitious sounds present

Breath Sound: Normal/Adventitious sounds present

Abdomen: Liver/Spleen – Palpable/Non palpable

 Any Lump/Hernia –present/ absent

General Health: Sound/Poor

Blood Group:

Any other illness which need attention of College Authority -

On the basis of above examination findings and routine Chest X-Ray, Blood examination and Urinalysis report I declare him fit for taking admission in MBBS course.

 Signature

 Date: Full Name as recorded with MCI

 Place: Registration Number: