



MEDICAL CERTIFICATE (to be issued by a Registered Medical Practitioner)					
1	Name of the candidate:			Gender:	
2	Identification Mark (a mole, scar or birthmark), if any				
3	Major illness/operation, if any (specify nature of illness/operation)				
4	Height in cm:		Weight in kg:		Blood Group:
5	Past History	(a) Mental illness (b) Epileptic Fit			
6	Chest (a) Inspiration in cm			(b) Expiration in cm	
7	Hearing				
8	Vision with or without glasses:	Right Eye	Left Eye	Colour Blindness	Unocular vision (having vision in only one eye)
9	Respiratory System				
10	Nervous System				
11	Heart (a) Sounds		(b) Murmur		
12	Abdomen (a) Liver (b) Spleen		Hernia	Hydrocele	
Any other defects:					
Certificate of Medical Fitness					
<input type="checkbox"/> The candidate fulfils the prescribed standard physical fitness, medical fitness and is FIT for joining as Project Staff at IPE Visakhapatnam					
<input type="checkbox"/> The candidate does not fulfil 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 date	
Seal					