

MEDICAL CERTIFICATE

Certified that I, Dr.(Reg.No.....) have this Day of2020 examined the candidate whose particulars are given below:

1. Name of the candidate :
2. Name of the parent/ guardian :
3. Sex : Male Female Transgender
Date Month Year
4. Date of Birth :
Age (in years) :
5. Identification Marks :1.
2.
6. Whether the candidate fulfills the: Normal If no, specify the defect following standards?
 - a) General Fitness consists of
 - Complete Blood Test including HIV Test Yes/No
 - Complete Urine Test Yes/No
 - Chest X-ray Yes/No
 - ECG Yes/No
 - Mental Retardness Test and Yes/No
 - Other General Tests
 - b) Vision Yes/No
 - c) Auditory functions Yes/No
 - d) Speech functions Yes/No

7. Whether Differently disabled (Physically Handicapped) :Yes/No (If **Yes** specify the defect and the extent of disability)

(i) Vision

(ii) Speech

(iii) Hearing

(iv) Limbs (**Upper limbs must be normal. More than 70% of disability in lower is not eligible**)

8. OPINION: with the above clinical details Please specify, Whether the candidate is Physically eligible to be considered for admission in Karnataka Veterinary Animal and Fisheries Sciences University, Bidar (if **No** specify the reasons)

Yes/No

Signature of the Candidate

Signature of Regd. Medical Practitioner

Place :

Register No.:

Date :

Full Address: