CERTIFICATE -9 (प्रमाणपत्र-9) * FORMAT FOR MEDICAL CERTIFICATE

(To be obtained from a Chief Medical Officer or Medical Officer of a participating U.P. State Funded Engg. Institute)

This certificate has to be submitted at the time of admission in the college allotted.

Name of Candidate: Age: Sex:								
UPSEE-2020 Roll No.: Category:				Subcategory & Weighatge:				
State Rank Position: Father's Name: (To be filled in by the Candidate)								
L.T. Height	1 4	Chest	Abdomen		VISION	Colour Vision: Without glass: With glass:		
History	1	Operation	Kockh's	Colics	I	B.P.		
		Seizures	Asthma		Piles	s Diabetes		
E X	Pulse	Tons	il	DNS		Hernia		
A M I	Pallor	L.No	des	CSOM		Hydrocele		
N	Cardiovascular			CNS				
A T I	Respiratory			GIT				
O N	Genitourinary			Others				
Is the candidate physically handicapped/Disabled: If yes, type of handicap/disability: (Please trick ✓ the type of handicap/disabilty)				Type - Type-I	(Please tick) Yes / No Type -I: Minimum 40% permanent Visual impairment Type-II: Minimum 40% permanent Locomoter disability Type-III: Minimum 40% permanent speech and Hearing impairment			
Any other finding:								
Certified that the candidate is physically fit/unfit/temporally disqualified to pursue engineering studies								
Signature of Candidate Signature of the issuing Medical Officer (withOffical stamp)								

CERTIFICATE – 10 (प्रमाणपत्र–10)

UNDERTAKING BY CANDIDATE FOR MEDICAL FITNESS

I certify that I have no such physical handicap/disability which would hinder the pursuit of studies in the courses in which I am seeking admission. If at stage it is found that I have a physical handicap/ disability which would hinder the pursuit of studies in the courses in which I am seeking admission then my admission will be liable to be cancelled. I will produce medical fitness certificate from a C.M.O./C.M.S. at the time of my joining the institution allotted by UPSEE-2020 counselling.

Dated:	Counter Signed by Father / Guardian	Signature of the Candidate