

MEDICAL FITNESS CERTIFICATE

AUTONOMOUS STATE MEDICAL COLLEGE, FIROZABAD

NEET-UG Roll No. Rank / Merit No. (AIQ/SQ)

We do hereby certify that we have examined Sri/Km..... S/o, D/o Sri.....candidate for admission at the Autonomous State Medical College, Firozabad and could not discover that He/She has any disease or any constitutional weakness bodily or any infirmity which disqualify him/her for admission as a medical student.

His/Her age according to his/her own statement isYrs and by appearance about.....yrs.

Identification Marks: 1.

2.

(Signature of Candidate)

Member of Medicine Deptt. Name & Signature	Member of Pathology Deptt. Name & 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
Mobile No
Date of Birth
Father's Name Sh.
Mobile No.
Physical Handicapped (Yes/ No)
Category Gen./SC/ST/OBC/MBC/EWPH/FF/Others Caste
NEET Marks Obt.Max.Rank / Merit No.Roll No.
Address:.....

Self Attested
PHOTO
Same as paste
on NEET Form

Date : _____ Signature of Candidate _____

MEDICAL EXAMINATION REPORT

Dept. of Medicine:-PHYSICIAN'S REPORT

Drug allergy if any specify History of Past Illness :

S.No	Major Illness	Duration	Remarks

Liver _____ Spleen _____
Blood Pressure _____ Pulse _____
Heart _____ 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 _____ cms. Weight _____ 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 _____

