

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
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Member of ENT Deptt Name & Signature	Member of Radiology Deptt. Name & Signature	Member of Gynecology Deptt. Name & Signature
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CMS
Autonomous State Medical College,
Firozabad

Principal,
Autonomous State Medical College,
Firozabad

AUTONOMOUS STATE MEDICAL COLLEGE, FIROZABAD

Medical Examination Form for the Candidates

Admitted for M.B.,B.S./PG (MD/MS)/ DNB (Primary/Diploma) 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 Roll No..... NEET Marks Obt.....Max..... Rank / Merit No.

Address:.....

.....

Date :

Signature of Candidate

Self Attested
PHOTO
Same as paste
on NEET Form

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

Name of Candidate: Mr./Ms.

MEDICAL EXAMINATION REPORT

Dept. of Surgery (SURGEON'S REPORT)

Hernia Hydrocele Varicose
Veins..... Piles / Fistula
Undescended Testes..... Evidence of Tumor, If any Palpation
of: Liver / Kidney / Spleen: Yes / No.
Any other abnormalities

Fit / Unfit

Name: Dr.

SIGNATURE

Dept. of Radiology (RADIOLOGIST'S REPORT)

X-ray or screening Report _____

Fit / Unfit

Name Dr.

SIGNATURE

Dept. of Ophthalmology (EYE SPECIALIST'S REPORT)

Eye Vision Near R.....L.....
Distance R.....L.....
Colour Vision
Trachoma

Fit / Unfit

Name: Dr.

SIGNATURE

Dept. of ENT(E.N.T. SPECIALIST'S REPORT)

Examination of EAR _____
Examination of Nose _____
Examination of Throat _____
Any Hearing Impairment _____

Fit / Unfit

Name: Dr.

SIGNATURE

Dept. of OBG (/ GYNAECOLOGIST'S REPORT) (Only for GIRLS candidates)

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.....

Fit / Unfit

Name: Dr.

SIGNATURE

Dept. of Orthopedics REPORT) (Only for PH candidates)

.....
.....

Fit / Unfit

Name: Dr.

SIGNATURE

THUMBIMPRESSION (Boy Left Thumb/ Girl Right Thumb)

Fit / Unfit

Student's Signature:.....

SIGNATURE
CHAIRMAN OF MEDICAL BOARD

Name : Dr.

Date.....