INDIAN INSTITUTE OF SCIENCE EDUCATION AND RESEARCH

Admission to BS-MS Dual Degree/BS Degree/B. Tech Degree Program 2026

Medical Examination Report

(To be issued by a Registered Medical Practitioner)

1.	Application Number:		Paste your recent passport- size photograph here
2.	Category (GE, OBC, OBC-NCL, SC, ST, EWS, KM):		
3.	PwD (Yes / No):		
4.	Name of the Candidate:		
5.	Date of Birth:		
6.	Gender:		
7.	Identification Mark:		
8.	Major Illness, if any:		
	Medical Certificate (To be filled by the Medical Officer Conducting the Test)		
1.	Height:		
2.	Weight:		
3.	Past History	Mental Diseases:	
		Epileptic fits:	
4.	Chest	Inspiration:	
		Expiration:	
5.	Blood Group:		
6.	Hearing:		
7.	Vision (with or without glasses)	Right Eye:	
		Left Eye:	
		Color Blindness:	
8.	Respiratory System:		
9.	Nervous System:		
10.	Heart	Sounds:	
		Murmur:	
11.	Abdomen:	Liver:	
		Spleen:	
12.	Hernia:		
13.	Hydrocele:		

14.	Any other defects:

Certified that . . . . . .

Son / Daughter of . . . . . .

(a) Fulfills the prescribed standard of physical fitness and is FIT for admission to 5 Year BS-MS Dual Degree or 4 Year B.Tech. Degree or 4 Year BS Degree Program 2026.

(b) Does not fulfill the prescribed standard of physical fitness and is unfit/temporarily unfit for admission due to following defects

Signature of the Medical Officer (Minimum Qualification MBBS / MD) Medical Registration Number: Address: Official Stamp Date:	Signature of the Candidate