

INDIAN INSTITUTES OF SCIENCE EDUCATION AND RESEARCH



BERHAMPUR



BHOPAL



KOLKATA



MOHALI



PUNE



THIRUVANANTHAPURAM



TIRUPATI

Admission to BS Degree / BS-MS Dual Degree Programme 2024

Medical Examination Report

(To be issued by a Registered Medical Practitioner)

1.	Application Number:	Paste your recent passport-size photograph here
2.	Stream: IAT	
3.	Category (GE, OBC, SC, ST, EWS, KM):	
4.	PwD (Yes / No):	
5.	Name of the Candidate:	
6.	Date of Birth:	
7.	Gender:	
8.	Identification Mark:	
9.	Major Illness, if any:	
<p>Medical Certificate (To be filled by the Medical Officer Conducting the Test)</p>		
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:
	Abdomen:	Liver:
		Spleen:
	Hernia:	
	Hydrocele:	
	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 or 4 Year BS Degree Programme 2024.
- (b) Does not fulfil the prescribed standard of physical fitness and is unfit/temporarily unfit for admission due to the following defects

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