MEDICAL FITNESS CERTIFICATE

NPTEL Pre-Doctoral Fellowship Programme

Indian Institute of Technology Guwahati

(To be issued by a Registered Medical Practitioner holding a valid Medical Registration Number)

PART–I : TO BE FILLED BY THE CANDIDATE

1. Name of the Candidate: _____

2. Father's/Guardian's Name: _____

3. Date of Birth: _____ Age: _____ Years

4. Gender: _____

5. Permanent Address:
_____
_____

6. Identification Mark(s): _____

7. History of major illness/surgery/hospitalization: Yes / No
Details: _____

Declaration by Candidate:
I hereby declare that I am not suffering from any chronic illness or medical condition that may hinder my participation in the NPTEL Pre-Doctoral Fellowship Programme at IIT Guwahati.

Signature of Candidate: _____

Date: _____

PART–II : TO BE FILLED BY THE MEDICAL OFFICER

Height: _____cm

Weight: _____ kg

Blood Pressure: _____ mmHg

Pulse Rate: _____ /min

Vision (Right Eye): _____

Vision (Left Eye): _____

Colour Vision: Normal / Defective

Hearing Status: _____

Respiratory System: _____

Heart Sounds ……..

Murmur …….

Blood Group (Optional): _____

Any Other Significant Findings:

_____

MEDICAL FITNESS CERTIFICATION

I certify that I have medically examined Mr./Ms. _____seeking admission to the NPTEL Pre-Doctoral Fellowship Programme at IIT Guwahati.

☐ MEDICALLY FIT

☐ MEDICALLY UNFIT

Name of Medical Officer: _____

Qualification: _____

Medical Registration No.: _____

Hospital/Clinic Name: _____

Signature & Seal: _____

Date: _____