

INDIAN INSTITUTE OF SCIENCE EDUCATION AND RESEARCH



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

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-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:
	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 Program 2024.
- (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)

Full Name:

Medical Registration Number:

Address:

Official Stamp
Date:

Signature of the Candidate