## INDIAN INSTITUTE OF SCIENCE EDUCATION AND RESEARCH



Admission to BS-MS Dual Degree/BS Degree/B. Tech Degree Program 2025

## **Medical Examination Report**

(To be issued by a Registered Medical Practitioner)

1.	Application Number: Paste your		_ <b> </b>		
2.	Category (GE, OBC, OBC-NCL, SC, ST, EWS, KM):  recent passport- size				
3.	PwD (Yes / No):		photograph here		
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	Right Eye:			
	(with or without glasses)	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 Dual Degree or 4 Year B.Tech. Degree or 4 Year BS Degree Program 2025.				
	(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)	Signature of the Candidate
Full Name:	
Medical Registration Number:	
Address:	
Official Stamp Date:	