

MEDICAL REPORT

(to be issued by a Registered Medical Practitioner)

1	Name of the candidate:	2. Gender	3. Age
4.	Identification Mark (a mole, scar or birthmark), if any		
5.	Major illness/operation, if any (specify nature of illness/operation, enclose details)		

Part-A

6	Self Declaration (to be filled by the candidate)			
	Candidate's Medical details	Yes	No	Please provide the details
	(I) General Declaration			
	<ul style="list-style-type: none"> • Do you suffer from any defect of vision? • If yes, has it been corrected by suitable spectacles? 			
	<ul style="list-style-type: none"> • Can you readily distinguish between the pigmentary colors, Red and Green? 			
	<ul style="list-style-type: none"> • Do you suffer from a degree of deafness which would prevent you from hearing normal conversation and ordinary sound signals? 			
	<ul style="list-style-type: none"> • Do you have any physical deformity/handicap or use any mechanical/physical assistance for mobility? 			
	<ul style="list-style-type: none"> • Do you have any congenital disorder/abnormality? 			
	<ul style="list-style-type: none"> • Have you ever been diagnosed to have any Psychiatric ailment including Depression, Anxiety Neurosis, Phobic Disorders, Schizophrenia, Manic Depressive Psychosis or any other Psychiatric illness? 			
	<ul style="list-style-type: none"> • Have you had any form of critical illness or operation in the last two year? 			
	<ul style="list-style-type: none"> • Have you ever been diagnosed to have Cancer, Tumor, Cyst or any similar type of growth? 			
	<ul style="list-style-type: none"> • Have you had any Epileptic Fit 			
	<ul style="list-style-type: none"> • Have you ever been diagnosed with an alcohol or drug abuse problem? If yes, are you on treatment for the same? 			
	(II) Declaration about Past Medical/Surgical Treatment undertaken			
	<ul style="list-style-type: none"> • Allergies/Bronchial asthma/Tuberculosis 			
	<ul style="list-style-type: none"> • Abdomen including Urinary Tract 			
	<ul style="list-style-type: none"> • Locomotor system (Spinal/Vertebral column/Joints) 			
	<ul style="list-style-type: none"> • Cardiovascular system 			
	<ul style="list-style-type: none"> • Neurological disorder/Psychological disorders 			
	<ul style="list-style-type: none"> • Sexually-transmitted/Venereal Diseases/Skin 			
	<ul style="list-style-type: none"> • Hepatitis 			
	<ul style="list-style-type: none"> • Diabetes 			
	<ul style="list-style-type: none"> • Rheumatism 			
	<ul style="list-style-type: none"> • Thyroid Disease 			
	(III) Declaration about Family History of any major illness			
	<ul style="list-style-type: none"> • Tuberculosis 			
	<ul style="list-style-type: none"> • Leprosy 			
	<ul style="list-style-type: none"> • Diabetes 			

• Hypertension			
• Ischemic Heart diseases			
• Psychiatric illness			
• Cancer			

Candidate's Undertaking

I declare that to the best of my knowledge, the answer to the questions in this form as given above are correct and that I am not suffering from any disease/illness, the presence of which has not been revealed here. I fully understand that any misrepresentation of this declaration could lead to the termination of my offer/admission. I have no objection to IIT Mandi seeking or going for specific investigations either through institute Medical Unit or outside institute to examine the declaration. In case of any discrepancy arising out of my declaration, I will be undergoing the medical check-up by the institute suggested medical clinic/doctor (at my own cost) and their finding will be fully binding on me and any action thereon towards my admission will be accepted by me.

Date: _____

Name & Signature: _____

To be filled by a Medical Officer

7	Height in cm Weight in Kg	
8	Blood Group	
9	Blood Pressure (at the time of examination)	
10	Respiratory System	
11	Nervous System	
12	Heart (a) Sounds	(b) Murmur
13	Any other defects:	

Doctor's Certification

The candidate has been examined without any intrusive investigation. In general, the fitness of the candidate is appears normal and fit for the purpose of admission to IIT Mandi. The certificate is only meant for admission at IIT Mandi and carries no medico-legal implications other than those made under self-declaration.

Signature

Name of the Doctor

Seal of the Doctor

Date: _____.