

COOCH BEHAR GOVERNMENT ENGINEERING COLLEGE

Medical Certificate (*Prescribed format*)

Enrolment No. _____
Merit position _____

I have examined Shri _____ a candidate for admission into the Cooch Behar Govt. Engg. College and observed as follows.

1. Personal mark of identification _____

2. Age: a) Stated:-

Years: Month(s): Day(s):

b) Apparent:-

Years: Month(s): Day(s):

3. Chest measurement:-

▪ Normal: (in cms)-

▪ Full inspiration (in cms)-

▪ Full expiration (in cms)-

4. Height:

5. Weight:

6. General physic:

7. Blood group:

8. Heart:

9. Lungs:

10. Vaccinal condition (all candidates must be re-vaccinated before joining):

11. Abdominal viscera (with special note about abdominal rings):

12. Malaria affection:

13. Eyesight (vide note below)

(Eye sight standard)

A- Allowable

a) Myopia or myopic assignation- Correcting Lens not exceeding 8 D. Acuteness of vision correction 6/6 in one eye and 6/9 in another.

b) Hypermetropat not exceeding 14D hypermetropic astigmatism correcting lens not exceeding 4D acuteness of vision after correction 6/9 in one and another.

B- Disqualifying

a) Defective vision arising from nebula or the cornea or any pathological condition of the deeper structures.

b) Colour blindness (achronatopsia).

c) Paralysis of the exterior muscles of the eye.

N.B. Candidates wearing glasses must attach herewith a recent certificate showing the power of glasses.

and I do hereby certify that I cannot discover that he/ she has any disease constitutional affection or badly or mental infirmity except-

I do not consider the above to be disqualification rendering him/ her unfit now or likely to make him/ her unfit, in future for active outdoor service as practical Engineer or Surveyor.

Dated: this day of / / 20

Signature of Medical Examiner

Name of Medical Examiner: _____

Registration No. of Medical Examiner: _____