

**COOCH BEHAR GOVERNMENT ENGINEERING COLLEGE**  
**Medical Certificate (*Prescribed format*)**

WBJEE/JELET ROLLNO. _____
RANK _____

I have examined \_\_\_\_\_ 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. Covid 19 vaccination condition:

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

12. Malaria affection:

13. Eyesight:

**(Eyesight standard)**

**A-Allowable**

- a) Myopia or myopic assignment – Correcting Lens not exceeding 8D. Acuteness of vision correction 6/6 in one eye and 6/9 in another.
- b) Hypermetropia 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 (achromatopsia).
- c) Paralysis of the exterior muscles of the eye.

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

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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: \_\_\_\_\_