

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 assignation – 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.

N.B. Candidates wearing glasses must attach herewith 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: _____