

**DR. RAJENDRA PRASAD CENTRAL AGRICULTURAL UNIVERSITY PUSA
(SAMASTIPUR), BIHAR-848125, INDIA**

Medical Fitness Form

1	Name of the candidate:	6	Sex: Male / Female:
2	Father's Name:	7	Mother's Name:
3	Village:	8	P.O.
4	P.S.	9	Distt.
5	State:	10	Pin:

Medical History Declaration

Sl. No.	Condition	Yes	No	Sl. No.	Condition	Yes	No
A)	Respiratory/ lung ailment			E)	Diabetes / High BP		
B)	Musculoskeletal disorder			F)	Epilepsy / Nervous Breakdown		
C)	Blood disorder			G)	History of stroke / Paralysis Nervous		
D)	Heart ailment			H)	Mental disorder		

We hereby declare that the particulars given above are true to the best of our knowledge and belief and nothing has been concealed. If something found incorrect at any stage, the candidature shall be liable to cancelled.

(Signature of Parents/ Guardian)

(Signature of the candidate with date)

Doctor's Observation

1	BP:	Pulse:	7	CVS:
2	Vision:	Chest:	8	Blood Group:
3	Chest measurement:		9	Height: Weight:
4	Identification Mark:		10	Abdomen:

I have examined Sri /Kumari /Smt.....
Aged.....Years, whose signature is given above and certify that, he /she is free from deafness, defective vision (including colour vision) or any other infirmity, mental or physical, likely to interfere with the efficiency of his / her work and found him / her possessing good health.

Signature of Medical Officer:
Name of Medical Officer: Dr......
Registration No......
Seal

Photograph of
the candidate
to be affixed
and attested
by the Doctor.