

MEDICAL CERTIFICATE

Certified that I, Dr.(Reg.No.....))
 have this Day of2023 examined the candidate whose
 particulars are given below:

1. Name of the candidate :
2. Name of the parent/ guardian :
3. Sex : Male Female Transgender
 DateMonth Year
4. Date of Birth :
 Age (in years) :
5. Identification Marks :1.
 2.

6. Whether the candidate fulfills the: Normal standards? If no, specify the defect following

- | | |
|--|--------|
| a) General Fitness consists of | |
| Complete Blood Test including HIV Test | Yes/No |
| Complete Urine Test | Yes/No |
| Chest X-ray | Yes/No |
| ECG | Yes/No |
| Mental Retardness Test and | Yes/No |
| Other General Tests | |
| b) Vision | Yes/No |
| c) Auditory functions | Yes/No |
| d) Speech functions | Yes/No |

7. Whether Differently disabled (Physically Handicapped) :Yes/No
(If **Yes** specify the defect and the extent of disability)

(i) Vision

(ii) Speech

(iii) Hearing

(iv) Limbs(% disability)

a. Upper limbs:

b. Lower limbs:

c. Disability of total body including disability of chest or spine:

d. Whether candidate is suffering with progressive diseases like myopathies etc.,(**Yes/No**):

e. Disabilities which otherwise would interfere in the performance of the duties of a veterinarian.

The disability shall be certified by a duly constituted and Government authorized Medical Board comprising of at least three specialists out of which two shall be of the specialty concerned and the candidate has to present himself/ herself before the Medical Board. The last valid disability certificate of the candidate from a Medical Board shall not be more than three months old from the date of submitting his or her certificate (last date of application for admission).

8. OPINION: with the above clinical details Please specify, Whether

the candidate is Physically eligible to be considered for admission in Karnataka Veterinary Animal and Fisheries Sciences University, Bidar
(if **No** specify the reasons)

Yes/No

Signature of the Candidate

Signature of Regd. Medical Practitioner

Place :

Register No.:

Date :

Full Address: