

ANNEXURE-II

MEDICAL CERTIFICATE

(to be produced at the time of admission)

Certified that I, Dr. (IMC.Reg.No.) have this
..... Day of 2021 examined the candidate whose particulars are given
below:

1. Name of the candidate :

2. Name of the parent / guardian :

3. Sex : Male Female

Date Month Year

4. Date of Birth :
Age (in years) :

5. Identification Marks : 1.
2.

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

- 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 abled (Physically Handicapped) : Yes/No (If **Yes** specify the defect and the extent of disability)

(i) Vision

(ii) Speech

(iii) Hearing

(iv) Limbs (*Upper limbs must be normal. More than 70% of disability in lower is not eligible*)

8. OPINION: with the above clinical details please specify, Whether the candidate is physically eligible to be considered for admission in Tamil Nadu Veterinary and Animal Sciences University, Chennai (if **No** specify the reasons)

} Yes/No

Signature of the Candidate

Signature of Regd. Medical Practitioner

Place :

Register No. :

Date :

Full Address: