



हिमाचल प्रदेश केंद्रीय विश्वविद्यालय

Central University of Himachal Pradesh

[Established under Central Universities Act 2009]

Dharamshala, District Kangra, (H.P)

[Accredited by NAAC with 'A+' Grade with CGPA of 3.42]

MEDICAL FITNESS CERTIFICATE FOR ADMISSION TO THE UNDERGRADUATE/POSTGRADUATE / Ph.D COURSES

Name	:		Affix latest Passport Size photograph here and sign across the photograph			
Father's Name	:					
Mother's Name	:					
Date of Birth	:					
Programme of Study	:					
Application Number	:					
Date, Month and Year of Admission:	:					
A. Please mark each response individually						
Are you suffering or have you in the past suffered from any of the following?						
1. Epilepsy (First)	:		YES/NO			
2. Psychiatric (Mental) Disturbances	:		YES/NO			
3. Other Contagious Diseases	:		YES/NO			
B. Are you under treatment or have you in the past taken treatment for any disease or disorder for a period of three months or longer?						
YES/NO						
If "YES", please give details:						
(i) Disease	:					
(ii) Medicines Taken	:					
C. Blood Group						
:						
D. Vision						
:		Left Eye:	Right Eye:	
E. Height: cms	Weight: kgs			
F. Did you suffer from any physical disability?						
YES/NO						
If "YES", please give details:						

DECLARATION BY THE STUDENT

I hereby declare that the information provided above is correct to the best of my knowledge.

I am aware that willful suppression or misrepresentation of information will lead to cancellation of my admission at any stage of my stay in the University. I, further undertake that I shall not involve myself in the any kind of drug abuse within or outside the university campus.

Place:

Date:

Signature of Student

CERTIFICATE

I have examined _____ S/o/D/o _____ and found him/her medically fit / Unfit to pursue higher studies in the Central University of Himachal Pradesh. He / She is not suffering for any contagious disease.

Place:

Date:

**Signature of Authorized Medical Officer
(University) / Govt. Medical Practitioner**