OFFICE OF THE JOINT DIRECTOR CUM SUPERINTENDENT

Bharat Ratna Late Shri Atal Bihari Vajpayee Memorial Medical College Associate Hospital
Rajnandgaon

S.N./G.M.C.R.J.N./M.B./ RAJNANDGAON,DATE / /

ONLY FOR ADMISSION OF MBBS/PG PURPOSE

Candidate photo

Self attested

MEDICAL EXAMINATION CERTIFICATE

ADMISSION OF MBBS/PG

NAME OF THE CANDIDATE : _____
(IN CAPITAL LETTER)

S/O,D/O,W/O : _____

NAME OF THE COURSE : _____

ENTRANCE EXAMINATION : _____

NEET ROLL NO. : _____

ADDRESS OF THE CANDIDATE : _____

_____

_____

YEAR OF ADMISSION : _____

CHAIRMAN

NAME OF THE CANDIDATE:_____

FINAL ASSESSMENT OF THE BOARD

(The board should record their findings under one of the following three categories)

i. Fit for pursuing the course:-

_____

ii. Unfit for pursuing the course on account of:-

_____

iii. Temporarily unfit on account of:-

_____

MEMBER (MEDICINE) MEMBER (SURGERY)

MEMBER (OPHTHALMOLOGIST) MEMBER (GYNECOLOGIST)

MEMBER (E.N.T.) MEMBER (PSYCHIATRIST)

CHAIRMAN

CANDIDATE'S STATEMENT AND DECLARATION

The candidate must make the statement below prior to his Medical examination and must sign the declaration appended there to. His attention is specially directed to the warming contained in the note below:-

1. Student Name (In Block Letter) : _____
2. Date of Birth & birth place : _____ & _____
3. Single/married/widow/widower: _____
4. Identification Mark : _____
5. Any Physical deformity/defect: _____
6. Past H/O Chronic Disease (TB/DM/HTN/Epilepsy/ Bleeding Disorder) : _____
7. Ongoing Treatment At Present For any Disease : _____
8. Allergic/Addiction to any Substance/drug : _____
9. Any current Legal/Medico-Legal Case: _____
10. Have you been immunized Against the mentioned disease Please give date of vaccination : _____
    i. Smallpox : _____
    ii. Polio : _____
    iii. Diphtheria : _____
    iv. Tetanus : _____
    v. Tuberculosis : _____
    vi. Others(IncludingCovid-19): _____

All the above answers are to the best of my belief, true and correct.

Parent/Guardian Signature Candidate's signature

Note:-1.The candidate will be held responsible for the accuracy of the above statement by willfully suppressing any information will incur the risk of losing the admission.
2.Please put your name on all the pages indicated.

EXAMINATION

PATHOLOGY INVESTIGATION

1. Hb (Gm %) :-_____
2. Blood Group :-_____
3. Urine Analysis
   - a) Appearance :- _____ d)Sugar :- _____
   - b) Sp. Gr. :- _____ e)Casts :- _____
   - c) Albumin: :- _____ f) Cells :- _____

DEPARTMENT OF GENERAL MEDICINE

4. General Condition (Good/Fair/ Poor): _____
5. Height(without shoes) : _____
6. Weight &TEMP. : _____
7. B.P (mm/Hg) : _____
8. Pulse/Min : _____
9. R.R : _____
10. Girth of chest : Inspiration_____Expiration_____
11. Skin: Any contagious disease : _____
12. Systemic Examination
    - ❖ CVS :_____
    - ❖ CNS :_____
    - ❖ R/S :_____
    - ❖ P/A :_____

SIGNATURE & SEAL
(CONSULTANT MEDICINE)

DEPARTMENTOFENT

ENT EXAMINATION

13. Ear:-Right Ear_____Left Ear_____
14. Nose:-_____
15. Throat :-_____
16. If any other : _____
    : _____

SIGNATURE & SEAL
CONSULTANT (ENT)

DEPARTMENT OF OPHTHALMOLOGY

17. Eyes:
    1. Any disease : _____
    2. Night blindness : _____
    3. Defect in color vision: _____
    4. Field of vision : _____
    5. Visual acuity : _____

Acuity of vision	Naked Eye	With Glasses	Strength of Glass Sph. Cyl. Axl.
Distant Vision			
R. E.			
L. E.			

OPHTHALMOLOGIST OPINION Fit/Unfit

SIGNATURE & SEAL
(OPHTHALMOLOGIST)

DEPARTMENT OF SURGERY

18. Systemic Examination
    - ❖ CVS
    - ❖ CNS
    - ❖ R/S
    - ❖ P/A
19. Liver/Spleen/Kidneys :- _____
20. Hernia/Hernial Sites :- _____
21. Genitalia :- _____
22. Lymph glands :- _____
23. Thyroid :- _____
24. Any Visible/Palpable Mass/Tumors:- _____
25. Condition of teeth :- _____
25. 26. Locomotor System abnormality/Skeletal deformity: If Any :- _____

SIGNATURE & SEAL
CONSULTANT (SURGERY)

DEPARTMENT OF OBSTETRICS & GYNAECOLOGY

27. Married/Unmarried :-_____

28. Obs. History :-_____

29. Age At Menarche :-_____

30. L.M.P :-_____

31. Menses-Regular/Irregular :-_____

32. Genito -Urinary System:-_____

SIGNATURE & SEAL
CONSULTANT OBS & GYN

DEPARTMENT OF PSYCHIATRY

33. Mental Health:-

i. Adjustment :-_____

ii. Emotional Problems :-_____

iii. Substance Abuse :-_____

iv. Psychotic disorder :-_____

SIGNATURE & SEAL
CONSULTANT (PSYCHIATRY)

34. Any other:- _____

_____

_____

_____