

# INDIAN INSTITUTE OF TECHNOLOGY ROPAR

Medical Examination Report for M.Tech  
Students (to be issued by a Registered Medical  
Practitioner not below the rank of  
MBBS Doctor)

## General Expectations

*Candidates should have good general physique. In particular,*

- a) Chest Measurement should not be less than 70cm, with satisfactory limits of expansion and contraction*
- b) Vision should be normal. In case of defective vision, it should be corrected to 6/9 in both eyes or 6/6 in the better eye. Colour blind or unocular persons are ineligible for admission in Mining Engineering and Mining Machinery Engineering courses.*
- c) Hearing should be normal. Defective hearing should be corrected.*
- d) Heart and lungs should not have any abnormality and there should be no history of mental illness or epileptic fits.*

## PERSONAL HISTORY

1. Name .....

2. Department .....

3. Entry No .....

4. Parent/ Guardian's Name .....

5. Age.....Years.....Months

6. Gender.....

7. Identification mark on the body, if any (This can be a mole, scar or birthmark)

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8. Major illness/ operation, if any (specify nature of illness/operation)

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.....

Left Thumb Impression of the Candidate

.....

Signature of the Candidate

## MEDICAL CERTIFICATE

(thefollowing aretobefilledbytheMedicalOfficerconductingthemedicalexamination)

1. Height..... cm
2. Weight..... Kg
3. Past History (a) Mental Disease .....  
(b) Epileptic Fit .....
4. Chest(a) Inspiration.....cm (b) Expiration.....cm
5. Blood Group.....
6. Hearing .....
7. Vision with or without glasses  
(a) Right Eye..... (b) Left Eye .....  
(c) Colour Blindness ..... (d) Uniocular Vision .....
8. Respiratory system.....
9. Nervous System .....
10. Heart: (a) Sounds..... (b) Murmur .....
11. Abdomen (a) Liver ..... (c) Spleen.....
12. (a) Hernia ..... (b) Hydrocele .....
13. Any other defects .....

Certified that .....son/daughter of .....

(a) Fulfills the prescribed standard physical fitness and is FIT for admission to Engineering/  
Architecture/ Science Courses

(b) Does not fulfill the prescribed standard of physical fitness and is unfit / temporarily unfit for  
admission due to following defects.....

Signature of Medical Officer

Date: .....

Full Name .....

Medical Registration No .....

Official Seal