

**ANNEXURE-II**

**MEDICAL CERTIFICATE**

**(to be produced at the time of admission)**

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

1. Name of the candidate :
2. Name of the parent / guardian :
3. Sex : ☐ Male ☐ Female
4. Date of Birth : 

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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 80% 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: