

ANNEXURE-II

MEDICAL CERTIFICATE

(to be produced at the time of admission)

Certified that I, Dr. (IMC.Reg.No.) have this
..... Day of 2024 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 :
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: