

**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% of 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: