



भारतीय सूचना प्रौद्योगिकी संस्थान इलाहाबाद
Indian Institute of Information Technology Allahabad
An Institute of National Importance by Act of Parliament
Deoghat Jhalwa, Prayagraj-211015 (U.P.) INDIA

Ph.: 0532-2922025, 2922067, Fax : 0532-2430006, Web : www.iiita.ac.in, E-mail : contact@iiita.ac.in

(To be issued by a Chief Medical Officer)

PERSONAL HISTORY

1. Name :-
2. Designation:-
3. Father's / Husband Name:-
4. Mother's Name:-
5. Date of Birth:-
6. Gender (Male / Female) :-
7. Category (General / SC / ST / OBC) :-
8. Identification Mark on the Body, If any.....
(This can be a mole, scar or birthmark)
9. Major illness / operation, if any :-
- (Specify nature of illness / operation)

Paste Recent
Passport Size
Photo

(to be attested
by Medical
Officer)

MEDICAL CERTIFICATE

(The following are to be filled by the Medical Officer after conducting the Medical Examination)

1. Height.....cm.
2. Weight.....kg
3. Past History
4. Chest
- a) Mental Disease..... a) Inspiration.....cm
- b) Epileptic Fits..... b) Expiration.....cm
5. Blood Group.....
6. Hearing.....
7. Vision with or without glasses
- a) Right Eye..... b) Left Eye.....
- c) Colour Blindness.....

8. Respiratory System.

9. Nervous System.....

10. Heart:-

a) Sounds.....

b) Murmur

11. Abdomen:

a) Liver.....

b) Spleen.....

12. a) Hernia.....

b) Hydrocele.....

13. Any other defects.....

Certified that Mr. / Ms. / Mrs. Son/Daughter/Wife of

a. Fulfills the prescribed standard or physical fitness and is FIT for job/duties as (Post) at IIIT Allahabad.

b. Does not fulfill the prescribed standard of physical fitness and is unfit/temporarily unfit for joining services / duties at IIIT Allahabad.

Mention the applicable option (a or b):-
(To be filled by the Medical Officer)

Signature of the Medical Officer
(Minimum qualification MBBS/MD)

Signature of the Candidate

Full Name of Medical Officer:-

Medical Registration No:-

Address.....

.....

Officer Seal

Date:-