

**ANNEXURE – II**

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

Certified that, I Dr. \_\_\_\_\_

(Reg. No. \_\_\_\_\_), have this \_\_\_\_\_ day of \_\_\_\_\_ 2022 examined the candidate, whose particulars are given below:

- 1. Name of the Candidate : \_\_\_\_\_
- 2. Name of the Parent : \_\_\_\_\_
- 3. Sex : Male / Female
- 4. Age : \_\_\_\_\_ years and \_\_\_\_\_ months
- 5. Date of Birth :  
Day                      Month                      Year  

--	--

--	--

--	--	--	--

- 6. Identification marks :  
1. \_\_\_\_\_  
2. \_\_\_\_\_

- 7. Whether the Candidate fulfils the following standards : **Normal**                      **If No, specify the defect**

**(a) General Fitness consists of**

- Full Blood Test including HIV Test : **Yes / No**
- Full 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**

8. 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

9. **OPINION** : with the above clinical details: **Yes / No**  
Please specify, whether the candidate is physically eligible to be considered for admission in Tamil Nadu Dr. J. Jayalalithaa Fisheries University, Nagapattinam  
(If **No**, specify the reasons)

**Signature of the Candidate**

**Signature of Regd. Medical Practitioner**

Place:

Register No:

Date:

Full Address