पूर्णियाँ अभियंत्रण महाविद्यालय
पूर्णियाँ–८५४३०३

PURNEA COLLEGE OF ENGINEERING
PURNEA-854303

MEDICAL TEST REPORT

1. **Name of Candidate:** ……………………………………………………………………

2. **Father's Name:** ………………………………………………………………..

3. **Category and Merit serial:** …………………………………………………………

4. **Date of Birth:** ………………………………………………………………..

5. **Mark of Identification:**   (a) …………………………………………………………

    (b) …………………………………………………………

6. **Chest: Normal** …………………………. **Expended** …………………………………..

7. **Height:** …………………………………………………………………………

8. **Weight:** …………………………………………………………………………

9. **Heart:** …………………………………………………………………………..

10. **Vision without glass: Rt** …………………………………….**Lt.**…………………………..

11. **Vision with glass: Rt**……………………………………**Lt.**………………………………

12. **Eye disease if any:** …………………………………………………………………

13. **Color Blindness:** …………………………………………………………………

14. **Candidate is Fit:** …………………………………………………………………

15. **Unfit for Admission:** …………………………………………………………………

Signature of the Candidate: -

Hindi:

English:

L.T.I

Passport Size
Photograph

Signature
(Civil Surgeon)
With Reg. No. and Seal