

GOVERNMENT POLYTECHNIC MUZAFFARPUR

MEDICAL EXAMINATION FOR PHYSICAL FITNESS

Past in
passport
size
Photograph

- 1 Merit Serial Number UR..... Category
- 2 Name of the Student :.....
- 3 Father's Name :.....
- 4 Permanent Address, Village Post
- P.S. District.
- Pin Code Mobile No
- 5 Gender:
- 6 Date of Birth: Day Month Year.....
- 7 Height in cm
- 8 Weight in KG
- 9 Chest (a) Expanded cm. (b) Normal cm
- 10 Complexion
- 11 Eye sight (a) Without spectacles:- L R
- (b) With spectacles:- L R
- 12 Two Visible marks of Identification-
1.
- 2
- 13 Whether suffering from any disease / abnormality
-
- 14 Remarks,

Sri / Ms/has been examined and found medically **FIT / UNFIT**

Signature of Candidate

(i) **Hindi**

(ii) **English**

LEFT thumb impression of candidate

Signature of Medical officer

Registration No-

Seal