

GOVERNMENT ENGINEERING COLLEGE, GODDA
MEDICAL EXAMINATION REPORT

1. Name of the Candidate :
2. Father's Name:
3. JEE Roll No/ JCECE Roll No/ JCECE CML Rank:
4. Category & Merit serial No. General/BC-I/BC-II/SC/ST/SMQ/PH/TFW

5. Date of Birth:

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6. Sex: Male/Female

7. Blood Group:

8. Marks of identification :

9. Height:(in CM)

10. Weight : (in kg)

11. Chest :

(a) Normal in CM

(b) Expand in CM

12. Heart:

13. Vision:

Without glass Rt

Left

With glass Rt

Left

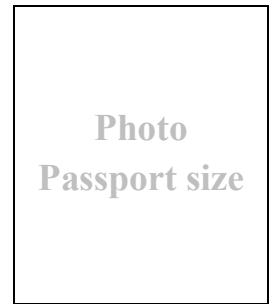
14. Eye Disease, if any : Yes/No

Colour Blindness: Yes/No

15. Hearing:

16. Any other defects:

Shri/Ms. _____ has been examined and found medically fit/unfit for admission at GEC, Godda.



Signature of Candidate

Signature of Medical officer with Seal

Name of Medical Officer

Hindi:

Registration No.

English: