

ANNEXURE–II

MEDICAL CERTIFICATE

(to be produced at the time of admission)

Certified that, I Dr. _____ (Reg. No. _____), have this day of _____ 2025 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 : **Yes / No** (If **Yes**, specify the defect and the (Physically Handicapped) 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