

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

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- 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