



Central University of Orissa, Koraput

(Established Under the Central Universities Act, 2009)

MEDICAL DECLARATION FORM

ADMISSIONS – 2013-2014

Name :
 Father's Name :
 Mother's Name :
 Date of Birth :
 Programme :
 Subject :
 Date, Month and Year of Admission :

Affix latest
 Passport Size
 Photograph here
 and sign across the
 photograph

A. Please mark each response individually

Are you suffering or have you in the past suffered from any of the following:

- 1. Epilepsy (First) : YES / NO
- 2. Psychiatric (Mental) Disturbances : YES / NO
- 3. Other Contagious Diseases : YES / NO

B. Are you under treatment or have you in the past taken treatment for any disease or disorder for a period of three months or longer? YES / NO

If "YES", please give details

Disease : _____

Medicines taken : _____

C. Blood Group : _____



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D. Did you suffer from any physical disability? YES / NO

If "YES", please give details _____

DECLARATION BY THE STUDENT

I hereby declare that the information provided above is correct to the best of my knowledge. I am aware that wilful suppression or misrepresentation of information will lead to cancellation of my admission at any stage of my stay in the University.

Place:

Date:

Signature of the student

CERTIFICATE

Height:

Weight:

Age:

I have examined Shri/Kum. _____ S/o/D/o
_____ and found him/her medically fit to pursue higher studies in the Central University of Orissa. He/she is not suffering from any contagious disease.

Date:

Office Seal: (Asst. Civil Surgeon)

Place:

(Government Hospital)