

OPHTHALMOLOGY

Examination of the Eyes.....

Night Blindness..... Colour Vision

Field of Vision.....Fundus Examination.....

Equity of Vision:

	Unaided	With Glass	Strength of Glass		
			Sph.	Cyl.	Axis
Distant R.E. Vision					
Distant L.E. Vision					
Near R.E. Vision					
Near L.E. Vision					

Any Other

Signature & Name of Ophthalmologist

GENERAL SURGERY

Any Evidence of :

HerniaHydrocoele

Varicose Veins.....Piles & Fistula.....

Undescended Testis.....Limb Deformity.....

Tumour.....

Palpation of Abdomen (Liver/Kidney/Spleen etc.)

Signature & Name of Surgeon

E.N.T. EXAMINATION

Examination of EarExamination of Nose

Examination of ThroatAny Impairment.....

Signature & Name of ENT Surgeon

OBSTETRICS & GYNECOLOGY (For Female Candidates only)

LMP: Any abnormality.....

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USG Report (if required).....

Signature & Name of obstetrics/Gynecology

CHAIRPERSON'S REMARKS

I have seen all the reports. He/She has been found medically fit to get admission in this college.

Other Remarks:

Signature, Name & Stamp of Chairperson