

No

B.P. MANDAL COLLEGE OF ENGINEERING
MADHEPURA- 852113

MEDICAL EXAMINATION REPORT

Name of the candidate :-

Father's Name :-

Category and merit Sl. No. GEN./SC./ST./EBC./WOMEN/SMQ :-

Date Of Birth :-

Mark of identification :-

PHOTOGRAPH

1.

2.

Height :-

Weight :-

CHEST Normal

Chest Expanded

Eye Sight Without glass RT

Left

.. with glass

RT

Left

Eye disease, if any :-

Colour Blindness :-

CANDIDATE OF FET/UNFIT for admission :

Signature of the candidate

Hindi :-

English:-

Signature of medical officer
With seal