

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: -

1.

2.

Height: -

Weight: -

Chest Normal

Chest Expanded

Eye Sight Without glass

RT

Left

Eye Sight With glass

RT

Left

Eye disease, if any: -

Colour Blindness: -

Candidate of FIT/UNFIT for admission: -

Signature of Candidate

Hindi: -

English: -

PHOTOGRAPH

Signature of medical officer
With seal