INDIAN INSTITUTES OF SCIENCE EDUCATION AND RESEARCH

Admission to BS-MS Dual Degree/BS Degree/B. Tech Degree Program 2026

Medical Examination Report

(To be issued by a Registered Medical Practitioner)

1.	Application Number:		Paste your recent passport size photograph here
2.	Category (GEN, OBC, OBC-NCL, SC, ST, EWS, KM):		
3.	PwD (Yes / No): If Yes, Nature of disability:		
4.	Name of the Candidate:		
5.	Date of Birth:		
6.	Gender:		
7.	Identification Mark:		
8.	Major Illness, if any:		
Medical Certificate (To be filled by the Medical Officer Conducting the Test)			
1.	Height:		
2.	Weight:		
3.	Past History	Mental Diseases:	
		Epileptic fits:	
4.	Chest	Inspiration:	
		Expiration:	
5.	Blood Group:		

6.	Hearing:	
7.	Vision (with or without glasses)	Right Eye:
		Left Eye:
		Color Blindness:
8.	Respiratory System:	
9.	Nervous System:	
10	Heart	Sounds:
		Murmur:
11	Abdomen:	Liver:
		Spleen:
12	Hernia:	
13	Hydrocele:	
14	Any other defects:	

Certified that . . . . . .
Son / Daughter of . . . . . .

(a) Fulfills the prescribed standard of physical fitness and is FIT for admission to the 5 Year BS-MS Dual Degree or the 4 Year B.Tech. Degree or 4 Year BS Degree Program 2025.

(b) Does not fulfill the prescribed standard of physical fitness and is unfit/temporarily unfit for admission due to the following defects:

Signature of the Medical Officer
(Minimum Qualification MBBS / MD)
Full Name:
Medical Registration Number:
Address:
Official Stamp
Date:

Signature of the Candidate