

Medical Certificate

(Prescribed Form)

I have examined _____, a candidate selected for admission to Ramakrishna Mission Shilpavidyalaya Pvt Industrial Training Institute, Belurmath, Howrah for the ITI Course in _____ (Trade) and give below the result of my examination:

1. Personal marks of identification:
2. Age _____ a) Stated _____ years _____ months.
b) Apparent _____ years _____ months.
3. Chest Measurements:
a) Normal _____ inches
b) Full inspiration _____ inches.
c) Full expiration _____ inches.
4. Height _____ feet _____ inches.
5. Weight _____ Kg.
6. Eye sight (*can also give separate certificate for Colour Vision Test**)
Right eye _____
Left eye _____
Colour Vision* _____
7. Vaccinal condition _____
8. General physique:
9. Heart:
10. Lungs:
11. Abdominal viscera (with special note about abdominal rings) _____.
12. Any other disability/allergy/chronic ailment/previous history of fainting/epilepsy:

and do hereby certify that I cannot discover that he has any disease, constitutional affection or bodily or mental infirmity except _____ and I do not consider this to be a disqualification for active outdoor service in industrial environment as required for his technical profession.

(Signature of the Medical Practitioner)
Registration No.

Dated: _____

A. Allowable-

***EYE-SIGHT STANDARD**

1. Myopic astigmatic correcting lens not exceeding 3.5. Acuteness of vision after correction
(a) 6/9 in one (b) 6/6 in the other.
2. Hypermetropia not exceeding 14 D or hypermetropic astigmatism correcting lens not exceeding 4 D. Acuteness of vision after correction 6/6 in the other.

B. Disqualifying defects-

1. Defecting vision arising from nebula of the cornea or any pathological condition of the deeper structures.
2. Colour Blindness (Achromatopsia), paralysis of the exterior muscles of the eye.