

## ANNEXURE–II

### MEDICAL CERTIFICATE

(to be produced at the time of admission)

Certified that, I Dr. \_\_\_\_\_ (Reg. No. \_\_\_\_\_), have this day of \_\_\_\_\_ 2026 examined the candidate, whose particulars are given below:

1. Name of the Candidate :
2. Name of the Parent :
3. Sex : Male / Female
4. Age : \_\_\_\_\_ years and \_\_\_\_\_ months
5. Date of Birth :

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6. Identification marks :
  - 1.
  - 2.

7. Whether the Candidate fulfils the Following standards :

<b>Normal</b>	<b>If No, specify the defect</b>
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**(a) General Fitness consists of**

- |                                     |                                     |
|-------------------------------------|-------------------------------------|
| Full Blood Test including HIV Test: | <b>Yes / No</b>                     |
| Full Urine Test :                   | <b>Yes / No</b>                     |
| Chest X-ray :                       | <b>Yes / No</b>                     |
| ECG :                               | <b>Yes / No</b>                     |
| Mental Retardness Test and :        | <b>Yes / No Other General Tests</b> |

- |                          |                 |
|--------------------------|-----------------|
| (b) Vision :             | <b>Yes / No</b> |
| (c) Auditory functions : | <b>Yes / No</b> |
| (d) Speech functions :   | <b>Yes / No</b> |

8. Whether differently abled : **Yes / No** (If **Yes**, specify the defect and the (Physically Handicapped) extent of disability
  - (i) Vision
  - (ii) Speech
  - (iii) Hearing
  - (iv) Limbs

9. **OPINION:** with the above clinical details: **Yes / No**

Please specify, whether the candidate is physically eligible to be considered for admission in Tamil Nadu Dr. J. Jayalalithaa Fisheries University, Nagapattinam (If **No**, specify the reasons)

**Signature of the Candidate**

**Signature of  
Regd. Medical Practitioner**

Place:

Register No:

Date:

Full Address