

**APPENDIX – V**

**PG (MEDICAL /DENTAL) SELECTION – 20\_\_\_, ODISHA**

**MEDICAL CERTIFICATE**

*(Required at the time of admission)*

Self attested  
Photograph of the  
candidate to be  
pasted here

Certified that this day I examined \_\_\_\_\_

For physical fitness for MD/MS/M.D.S. Studies. The findings are as detailed below.

Name and Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1. Height (Not less than 150 cm for male & 140 cm for female candidates) : \_\_\_\_\_ cm
2. Weight (Not less than 40 Kg) : \_\_\_\_\_ Kg
3. (a) Chest measurement (Not less than 70 cm) : \_\_\_\_\_ cm  
(b) Chest expansion (Not less than 4.5 cm) : \_\_\_\_\_ cm
4. Condition of Heart (Abnormality, if any) : \_\_\_\_\_
5. Conditions of Lungs (-do-) : \_\_\_\_\_
6. (a) Vision : In case of defective vision it must be corrected to  
6/9 in both eyes or 6/6 in the better eye. : \_\_\_\_\_  
(b) Colour Blindness : \_\_\_\_\_
7. Hearing (whether normal, where defective it must be corrected) : \_\_\_\_\_
8. Blood Group : \_\_\_\_\_
9. Hernia, Hydrocele and piles (if any, to be corrected before joining) : \_\_\_\_\_
10. History / Symptom of Epileptic fits, if any : \_\_\_\_\_
11. History / Symptom of Mental disease, if any : \_\_\_\_\_
12. Orthopaedic defects, if any : \_\_\_\_\_

**Remarks:** The Candidate has fulfilled (fit) / not fulfilled (unfit) the prescribed standards as stipulated in this form for MD/MS/M.D.S. studies.

Full Signature of the Candidate

Signature of Government Medical Officer (Not  
below the rank of Sub-Divisional Medical Officer)  
with Regn. No. & Seal

Date : \_\_\_\_\_

Date : \_\_\_\_\_