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## राष्ट्रीय प्रौद्योगिकी संस्थान मेघालय NATIONAL INSTITUTE OF TECHNOLOGY MEGHALAYA

Bijni Complex, Laitumkhrah, Shillong-793003 Ph. 0364-2501294, FAX 0364-2501113

Medical Fitness Form for Foreign students to be completed in native country and submitted before their enrollment in NIT Meghalaya

Full Name (in capital letters).....

2.	Candidate ID							
3.	Roll No							
4.	Course of Study and duration of study() YR(S)							
5.	Hostel Room No							
6.	Mobile No E-mail Id							
7.	Insurance							
8. Date	of Birth	Sex		Marital Sta	atus	Joined on	Valid Upto	0
		М	F	S	М			
Permar	Permanent Address and Phone No. of Parents				Address and Phone No. of Local Guardian (if any)			
N.B.: N	lo.2 to 5 to	be filled a	after enro	ollment/re	gistrati	on		
				Candi	date's	<u>Declaration</u>		
					<b>.</b>			
Followi	ng information	on is gatn	erea for t	ne benefit	or the s	tudents during th	e stay in NIT Meg	naiya campus
1.	Personal hi	story:				Abuse of s If Yes,	ubstance (if any):	Yes/No
						Drugs / Alc	ohol / Smoking	
							the ones which are	e not
2.	Past medical / surgical records: If yes, give details in separate sheet							
	L					,		
3.	Family histo	ory of any	maior illr	ess If ves	s give			
	details	,, o. a,			s, gs			
1	I Identificatio	n Marka						
4	iueniincalic	ni iviaiks.						

<ol><li>Recent Vaccination status:</li></ol>	1st Injection		1	Last booster			
(At least one adult booster dose of all these vaccinations are recommended.) VACCINATION AGAINST DISEASES	3						
	Date	Y/N	Date	Y/N			
Measles, Mumps, Rubella							
Hepatitis B							
Hepatitis A							
Meningitis							
Typhoid							
Chicken pox							
Malaria Prophylaxis							
6. Examination		Т	aken/ Not Taken				
Weightkg. Pulse Cyanosis.	-		BP:Anaemia	-			
Neck gland		. ciaboling illininin					
Neck vein							
- Girth of Chest: (i) at r	est	(ii) after deep	o inspiration				
- Cardiovascular Syste		,,	·				
- Neurological System							
- Respiratory System:							
- Abdomen :							
(I). Electrocardiogram (II). Chest X-ray		Y/N Y/N					
(III) USG (abdomen)		Y/N					
(IV) Urine		Y/N					
(V) Blood Tests		Y/N					

a. Blood Sugar (F/PP)							
(VI) Bloc	od Group ABO	& Rh			_		
b. Creati	nine						
- FCD /	LID						
c. ESR / d. Total (	HB Cholesterol						
e. HBs	Аg						
f. HIV –	f. HIV – I & II			&			
g. Thyroi	id						
(B) EXA	MINATION OF	EYES BY	OPHTHALMO	DLOGIST			
	Acuity of	Far Visio		Near Vision		Colour	1
	Vision	Naked e	ye With	Naked eye	Vision	With	7
L.E.			glasses			glasses	$\dashv$
R.E.							Signature of the Ophthalmologist
(C) EXA	I MINATION BY	ENT SPE	CIALIST				Ophilialinologist
Right Ea	ır						
Left Ear							Signature of the
							ENT Specialist
(D) PSY	CHIATRY ASS	ESSMENT	:				-
				Signature of	the Psychiat	rist	
				g			
I do here	eby declare tha	t all the abo	ove informatio	n is true to the bes	st of my knov	vledge.	
Date:						Candidate	e's Signature:
Place:							
					Si	ignature of th	ne Parent / Guardian:

## **MEDICAL CERTIFICATE**

	has been examined & e) to join Academic programme in NIT Meghalaya.
*.Reason for declaring the person unfit	
Dlace	
Place: Date:	*SEAL & SIGNATURE OF THE MEDICAL EXAMINER
*N.B.; Signature of the Certified Medical Examir foreign student.	ner should be from the native country of the concerned