

# TAPMI Manipal

Admissions 2018 – PGDM / HR / BKFS 2018-20

## Medical Certificate Proforma

TAPMI Appl.No. \_\_\_\_\_

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Gender: Male / Female

Health Complaints (Blood Sugar, Respiratory issues, Asthma, Specific Allergy, Thyroid, etc. any other complaint please specify):

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Previous history of significant illness (viz.Minor/Major Surgeries etc. any other illness please specify):

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Previous history of any injuries/accidents prevailing currently:    Yes         No

Examination carried out:

Anaemia.....    Jaundice.....    Oedema.....    JVP.....

BP..... mm of Hg,        Pulse...../min        Body Weight.....

Height.....        Smoking Status (Y/N). .....        Lymph nodes .....

CVS:    Heart sounds        Murmur        RS: Normal / Abnormal

Abdomen:    Liver palpable / Not palpable        Kidneys palpable / Not palpable

                  Spleen palpable / Not palpable

CNS: Normal / Abnormal

Blood Report (including type of Group): \_\_\_\_\_

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LDL.....    HDL.....    Triglycerides.....    Total Cholesterol.....

Sugar Levels .....

CLINICAL IMPRESSION: Normal /Abnormal

If any abnormality is detected add a note and advice relevant investigation.

Abnormality: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the candidate Differently abled?

Yes

No

If yes: Please specify the disabilities

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(This information will help us to make suitable arrangements for the candidate. Candidates are also requested to submit the government approved disability proof to the institute.)

The candidate is fit to pursue a two-year rigorous full time residential program at TAPMI.

Date:

Signature of Physician

Place:

Seal: