



ESTD:2017

P. G. Institute of Medical Sciences

Approved by AICTE & PCI(Govt. of India), Recognised by Govt.of W.B; Affiliated by MAKAUT, WBUHS, VU, WBSCT & VE & SD

CAMPUS Dhurabila, Dhamkuria, Chandrakona Town Paschim Medinipur, 721201, West Bengal, INDIA

CONTACT No. : 91-9083-265511 | Mail id : admin@gasonline.org.in

MEDICAL CERTIFICATE

(To be submitted with the admission form)

Today I have examined Mr. / Ms. _____ a candidate for admission in the

"P. G. Institute of Medical Sciences". My observations are as given below.

01. Identification Marks _____

02. Age (a) Stated _____ Years _____ Months.

(b) Apparent _____ Years _____ Months.

03. Chest Measurements (normal) (a) Normal _____ Cm

(b) Full Inspiration _____ Cm

(b) Full expiration _____ Cm

04. Height _____ ft _____ inch / _____ cm

05. Weight _____ Kg _____ grams

06. Vaccinated condition
(All candidate must be vaccinated before joining the institute. _____)

07. General Physique _____

08. Heart _____

09. Lungs _____

10. Abdominal viscera
(With speacial note about abdominal ring) _____

11. Malaria infection : _____

12. Blood group : _____

I do hereby certify that He / She is not suffering from any disease and / or constitutional or mental infirmty except _____ I dont consider the above to be reckoned as

dis qualification to certify him / her unfit, now or likely to be unfit in the future for active outdoor life as required in an engineering curriculum.

Full Signature of Medical Practitioner
with Registration number & Seal

Date

--	--	--	--	--	--	--	--	--	--



9083265521 / 22



pgimsonline@gmail.com



www.pgims.org.in

Undertaking from students (Annexure-I) & their parents /guardian (Annexure-II) at the time of admission as per the directive contained in the anti-ragging verdict by the Hon'ble Supreme Court

ANNEXURE I

AFFIDAVIT BY THE STUDENT

1. I,.....(full name of student with admission /registration /enrolment number) S/o D/o Mr./Mrs./Ms..... having been admitted to(name of the institution), have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the " Regulations"), Carefully read and fully understood the provisions contained in the said Regulations.
2. I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
3. I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against me in case. I am found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
4. I hereby solemnly aver and undertake that
 - a. I will not indulge in any behavior or act that may be constituted as ragging under clause 3 of the Regulations.
 - b. I will not participate in or abet or propagate through any act commission or omission that may be constituted as ragging under clause 3 of the Regulations.
5. I hereby affirm that, if found guilty of ragging, I am liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.
6. I hereby declare that I have not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, I am aware that my admission is liable to be cancelled.

Declared thisday ofmonth of year.

Signature of deponent :

Name:

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at (place)on (day).....of (month).....(year)

Signature of deponent

Solemnly affirmed and signed in my presence on this the.....(day) of.....(month),.....year..... after reading the contents of this affidavit.

OATH COMMISSIONER

ANNEXURE II
AFFIDAVIT BY PARRENT/GUARDIAN

1. I, Mr./Mrs./Ms.....(full name of parent/guardian) father/mother/guardian of(full name of student with admission/registration/enrolment number..... having been admitted to(name of the institution), have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the " Regulations"), Carefully read and fully understood the provisions contained in the said Regulations.
2. I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
3. I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against my ward in case he/she is found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
4. I hereby solemnly aver and undertake that
 - a) My ward will not indulge in any behavior or act that may be constituted as ragging under clause 3 of the Regulations.
 - b) My ward will not participate in or abet or propagate through any act commission or omission that may be constituted as ragging under clause 3 of the Regulations.
5. I hereby affirm that, if found guilty of ragging, my ward is liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against my ward under any penal law or any law for the time being in force.
6. I hereby declare that my ward has not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, the admission of my ward is liable to be cancelled.

Declared thisday ofmonth of year.

Signature of deponent:

Name:

Address:

Telephone/Mobile No:

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at (place)on (day).....of (month).....(year)

Signature of deponent

Solemnly affirmed and signed in my presence on this the.....(day)
of.....(month),.....year..... after reading the contents of this affidavit.

OATH COMMISSIONER