

**UNIVERSITY GRANTS COMMISSION
SELECTION & AWARDS BUREAU
35, FERROZSHAH ROAD, NEW DELHI - 110 001**

UGC FELLOWSHIP CERTIFICATE OF PHYSICAL FITNESS
(To be filled by a Registered Medical Practitioner)

Name of the applicant Age

Nationality.....Address.....

Street No.....City.....Country.....

I. History

Check after each disease and symptom with (+) for positive and (-) for negative finding :

P.H. Scarlet Fever	()	Diphtheria	()
Rheumatic Fever	()	Pneumonia	()
Typhoid	()	Malaria	()
Migraine	()	Cholera	()
Glaucoma	()	Polioencephalitis	()
Vertigo	()	Tuberculosis	()
Leprosy	()	Epilepsy	()
Jaundice	()	Palpitation	()

Elisa Test is necessary: Report should be attached

Give details of any injury, illness, operation during the past five years (Be sure to list all illness or injuries).

injury or illness From to

..... From to

Operation From to

II. Physical Examination

Height..... weight

Chest: (Describe abnormalities)

Head	Nose	Lungs
Eyes	Pharynx	Heart
Ears	Neck	Reflexes

Lungs: (Comment more fully on condition of lungs).

III. Summary

I believe this applicant is/is not physically above to carry on a full course of study involving long hours of work, in a college or university in India. In my opinion the applicant's health and physical condition is :

Excellent/Good/Fair/Poor:

He/She was successfully vaccinated against small pox on (date):

He/She was successfully inoculated against typhoid on (date):

He/She present no evidence of communicate diseases or of fatigue, and has no physical defects:

Remarks:

Date:

Signature

Address:

Important: as a protective measure, those planning to study in India are strongly advised to be vaccinated against small pox and inoculated against typhoid.