



**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

1. 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 Status | Joined on  | Valid Upto |
|  | M      F | S      M       |  |            |
| Permanent Address and Phone No. of Parents |          |                | Address and Phone No. of Local Guardian (if any) |            |
|  |          |                |  |            |

**N.B.: No.2 to 5 to be filled after enrollment/registration**

**Candidate's Declaration**

Following information is gathered for the benefit of the students during the stay in NIT Meghalaya campus

|    |   |   |
|----|---|---|
| 1. | Personal history:   | Abuse of substance (if any): Yes/No<br>If Yes,<br><br>Drugs / Alcohol / Smoking<br>(strike out the ones which are not applicable) |
| 2. | Past medical / surgical records: If yes, give details in separate sheet |   |
| 3. | Family history of any major illness:: If yes, give details              |   |
| 4. | Identification Marks:   |   |



|                           |               |
|---------------------------|---------------|
| a. Blood Sugar (F/PP)     | _____ / _____ |
| (VI) Blood Group ABO & Rh | _____         |
| b. Creatinine             | _____         |
| c. ESR / HB               | _____ / _____ |
| d. Total Cholesterol      | _____         |
| e. HBs Ag                 | _____         |
| f. HIV – I & II           | _____ & _____ |
| g. Thyroid                | _____         |

**(B) EXAMINATION OF EYES BY OPHTHALMOLOGIST**

|      | Acuity of | Far Vision |              | Near Vision |        | Colour       |   |
|------|-----------|------------|--------------|-------------|--------|--------------|---|
|      | Vision    | Naked eye  | With glasses | Naked eye   | Vision | With glasses |   |
| L.E. |           |            |              |             |        |              |   |
| R.E. |           |            |              |             |        |              | _____<br>Signature of the Ophthalmologist |

**(C) EXAMINATION BY ENT SPECIALIST**

|           |  |  |  |  |
|-----------|--|--|--|--|
| Right Ear |  |  |  | _____<br>Signature of the ENT Specialist |
| Left Ear  |  |  |  |  |
|           |  |  |  |  |

**(D) PSYCHIATRY ASSESSMENT:**

Signature of the Psychiatrist

I do hereby declare that all the above information is true to the best of my knowledge.

Date:

Candidate's Signature:

Place:

Signature of the Parent / Guardian:

## MEDICAL CERTIFICATE

This is to certify that Mr./Ms./Dr.....has been examined & found to be **fit/ unfit** (strike out the inappropriate) to join Academic programme in NIT Meghalaya.

\*.Reason for declaring the person unfit \_\_\_\_\_

Place:

Date:

\*SEAL & SIGNATURE OF THE MEDICAL EXAMINER

\*N.B.; Signature of the Certified Medical Examiner should be from the native country of the concerned foreign student.