STUDENT'S IDENTIFICATION PROFILE

Name of the student:	First Name :_____ Middle Name: _____ Last Name:_____ Paste here student's P.S size photograph
Gender	Male: Female:
Date of Birth	
Father's Name	Mr.
Mother's Name	Mrs.
Permanent Address:	City/Village_____ District:_____ Tehsil _____ State :_____ Pin:_____
Student's Phone Number	
Marital Status	
Course	
Date of Admission	
Batch	
Enrollment No./Roll No.	
Height in cm	
Weight in kg	
Blood Group	
Rh Factor	
In Case of Any Medical Emergency	Contact Person:_____ Cell:_____

CERTIFICATE OF PHYSICAL FITNESS

(To be filled by a Registered Medical Practitioner in the applicant's country of domicile)

Name of Applicant: _____

Sex (M/F):_____

Marital Status: _____

Age: _____

Blood Group: _____

Nationality_____

Address: _____

City: _____

Country: _____

Cell No.:_____

Email Address: _____

I. Medical History

Please give details of any past medical condition which may adversely impact the patient's health at the current time or in the near future.

Raised BP:	Yes	No	If, Yes on Regular Treatment	Yes	No
Diabetes	Yes	No	If, Yes on Regular Treatment	Yes	No
IHD	Yes	No	If, Yes on Regular Treatment	Yes	No
Shock	Yes	No	If, Yes on Regular Treatment	Yes	No
Kidney disease	Yes	No	If, Yes on Regular Treatment	Yes	No
Neurological Problems	Yes	No	If, Yes on Regular Treatment	Yes	No

Any history of loss of appetite:	Yes	No	
Any history of loss of weight:	Yes	No	
Any history of digestive diseases:	Yes	No	
Family history of:	Diabetes Mellitus	Hypertension	Obesity
Any known Allergies			

Any History of Surgery/Prolonged Hospitalization (more than 2 weeks) Yes/ No;

If Yes, Details of Illness/Injury/Surgery with Duration of illness/Treatment_____

II. Physical Examination

Height_____Weight_____Chest_____BMI_____

Medical condition of:

Head_____Nose_____Lungs_____

Pharynx_____Heart_____Ears_____

Neck_____Reflexes_____

Remarks if any: _____

III. Summary

1. I believe this applicant is/isn't physically able to carry on a full course of study, involving long hours of work, in a college or University in India.

2. In my opinion, the applicant's health and physical condition in general are:

   Excellent

   Good

   Poor

3. I certify that the applicant is up-to-date on routine vaccinations including, MMR, DPT, Varicella, Hepatitis A & B, etc.

4. He/she has no physical condition/ailment which would hinder him/her from pursuing a full course of study in India.

5. He/she does not have evidence of any communicable disease or of any chronic fatigue.

6. He/she does not have any chronic medical condition which requires regular and sustained medical treatment.

Note: If answers to questions 4, 5 and 6 are positive, please give details in remarks below.

Remarks: _____

Date:
Address: **Signature:**

CERTIFICATE OF MEDICAL FITNESS

I have examined Shri/Kumari/Smt_____

Son/Daughter of Shri_____

Aged_____ Village/City_____ District_____

PO_____PS_____Pin_____

and certify that he/she is free from deafness, defective vision or and other infirmity, mental physical, likely to interfere with the effectiveness of his/her work and found him /her possessing good health. This certificate is being given to him/her for the purpose of admitting in the **Bachelors of Science in Nursing** at **Institute of Nursing University of Kashmir Fategarh High ground Anantnag.**

Signature of Student

(To be signed in presence of Medical Officer)

Signature and Seal of Medical Officer

Name of Medical officer_____

Registration no_____

Date of examination_____

Address _____