



तमिलनाडु केन्द्रीय विश्वविद्यालय

(संसद द्वारा पारित अधिनियम 2009 के अंतर्गत स्थापित)

CENTRAL UNIVERSITY OF TAMIL NADU

(Established by an Act of Parliament, 2009)

नीलक्कुडी परिसर/Neelakudi Campus, तिरुवारूर/ Thiruvavarur - 610 005

04366-277261/04366-277337

MEDICAL DECLARATION FORM

ADMISSIONS – (2019-2020)

Name :

Father's Name :

Mother's Name :

Date of Birth :

Programme :

Subject :

Date, Month and Year of Admission :

A. Please mark each response individually

Are you suffering or have you in the past suffered from any of the following:

1. Epilepsy (First) : YES / NO

2. Psychiatric (Mental) Disturbances : YES / NO

3. Other Contagious Diseases : YES / NO

B. Are you under treatment or have you in the past taken treatment for any disease or

disorder for a period of three months or longer? YES / NO

If "YES", please give details

Disease : _____

Medicines taken : _____

C. Blood Group : _____

Affix latest
Passport Size
Photograph here
and sign across the
photograph

D. Did you suffer from any physical disability? YES / NO

If "YES", please give details _____

DECLARATION BY THE STUDENT

I hereby declare that the information provided above is correct to the best of my knowledge.

I am aware that willful suppression or misrepresentation of information will lead to cancellation of my admission at any stage of my stay in the University.

Place:

Date:

Signature of the student

CERTIFICATE

Height:

Weight:

Age:

I have examined Shri/Kum. _____ S/o/D/o
_____ and found him/her medically fit to pursue higher studies in the Central
University of Tamil Nadu. He/she is not suffering from any contagious disease.

Date:

Office Seal: (Asst. Civil Surgeon)

Place:

(Government Hospital)