



Medical Registration Form

Name:

Program : **BTech/M.Tech/Ph.D** (Strike out the ones not applicable)

Department: **CSE/EE/ME** (Strike out the ones not applicable)

Personal Mobile No.:

Date of Birth: Blood Group:

Personal Identification Marks (any 2):

:

Pre-existing Medical Conditions/Diseases (if any, pl.give details):

.....

Please provide the details: (Applicable only for PwD students):

Sl.No.	Particulars	Percentage (%)
1	Visual Impairment	
2	Speech/Hearing Impairment	
3	Locomotors Impairment	
4	Mental Disabilities	
5	Other Disabilities	

Emergency Contact Person Details:

Name of Person	Phone Number	Relationship with the student

Date:

Signature of Student

For official use only:
Roll No. Allotted:
Hostel Room No Allotted:
Countersigned by:
Name & Date: