

Self-declaration certificate related to Health

- Name of Candidate:-.....
- Age:.....
- Permanent address:-
.....
.....
- Programme opted:.....

Health related declaration by the Candidate

1. Have you ever suffered from?

- | | |
|---|---------|
| A. Diabetes mellitus | Yes/ No |
| B. High blood pressure | Yes/ No |
| C. Any disorder of eye/ ear/ nose/ throat | Yes/ No |
| D. Any anomaly related to liver/reproductive system | Yes/ No |
| E. Any ailment related to brain/nervous system/stroke/paralysis/epilepsy | Yes/ No |
| F. Anemia or any blood related chronic disorder | Yes/ No |
| G. Musculoskeletal disorder like chronic arthritis/ chronic back pain/ slip disc etc. | Yes/ No |
| H. Any disease like Hepatitis B or C, HIV or any sexually transmitted infection | Yes/ No |
| I. Any h/o chest pain/ palpitation or any heart related disorder | Yes/ No |
| J. Any chronic disease related to kidney or urinary system | Yes/ No |
| K. Any chronic disease of Gastrointestinal tract like duodenal ulcer, fistula/piles | Yes/ No |
| L. Any endocrine related disorder like thyroid | Yes/ No |
| M. Any chronic gynecological problem for female | Yes/ No |
| N. Any other disease not mentioned above | Yes/ No |
| 2. Do you have any physical deformity | Yes/No |
| 3. Do you have any congenital defect | Yes/No |
| 4. Have you ever been treated for any cancer/tumor/cyst or other growth | Yes/No |

If the answer to any of the above question is yes give detail as

- Name of disease
- Treatment detail
- Treating Doctor
- Any other information related to disease

University is not responsible for the treatment/ complication arises from any of chronic disease and student will have to keep with them all the medicines/ equipment/record or any other thing related to his/ her particular disease.

Declaration

I, hereby declare that the above mentioned statements are true to the best of my knowledge and belief.

(Signature of Candidate)

Place:

Date: