

DIPLOMA IN TOOL & DIE MAKING/DIPLOMA IN MECHATRONICS
MEDICAL FITNESS CERTIFICATE
(F/CTTC/BBS/TRG/MFC)

Certified that this day I examined Mr./Mrs. _____ for physical fitness for Technical studies. The findings are as detailed below.

Name & Address:

1. **Height** (Not less than 150 cm for male :
& 140 cm for female candidates).
2. **Weight** (Not less than 40 kg.) :
3. a. **Chest Measurement** (Not less than 70 cm) :
b. **Chest Expansion** (Not less than 4.5 cm) :
4. **Condition of Heart** (Abnormality, if any) :
5. **Conditions of Lungs** (Abnormality, if any) :
6. a. **Vision:** In case of defective vision it :
must be corrected to 6/9 in both eyes or
6/6 in the better eye.
b. **Colour blindness** :
7. **Hearing** (whether normal) :
where defective it must be corrected.
8. **Blood Group** :
9. **Hernia, Hydrocele and Pile** (if any, are temporary :
disqualification to be corrected before joining).
10. **History/Symptom of Epileptic fits, if any** :
11. **History/Symptom of Mental disease, if any** :
12. **Orthopedic defects, if any** :

Remarks: The candidates is found FIT/UNFIT for Technical studies (Please strike off whichever is not applicable).

Full Signature of the Candidate

Date -

Signature of Registered Allopathic

Medical Practitioner with Regn. No. & Seal

Date- _____

CENTRAL TOOL ROOM & TRAINING CENTRE
BHUBANESWAR

CHOICE LOCKING FORM

1. Name :
2. Roll No :
3. Father's Name :
4. Date of Birth :

I do hereby lock my choice to be admitted in Diploma in Tool & Die Making/ Diploma in Mechatronics course in CTTC, Bhubaneswar in the session 2019 - 2020.

Choice No.	Name of the Course
1 st choice	
2 nd choice	

Courses offered

- Diploma in Tool & Die Making (4 years)
- Diploma in Mechatronics (3 years)

Signature of Guardian

Signature of candidate

Date :

Date :