



## Medical Registration Form

Name: .....

Program: **BTech/MTech/PhD** (Strike out the ones not applicable)

Discipline: **CSE/CY/EE/MA/ME/PH** (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, 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:**

ID No. Allotted: .....

Hostel Room No Allotted: .....

Countersigned by: .....

Name & Date: .....