



Government of India
Ministry of External Affairs

**ANNEXURE- 3 to APPLICATION FORM for
INDIAN TECHNICAL AND ECONOMIC COOPERATION (ITEC)**

MEDICAL REPORT

(To be certified by only Government hospital/clinic)

1. Full Name of Applicant	
2. Age:	
3. Sex: (Male/Female)	
4. Height (cm):	
5. Weight (kg):	
6. Blood Group:	
7. Blood Pressure:	
8. Pre-prandial Blood Sugar:	
9. Post-prandial Blood Sugar:	
10. Is the person examined in good health at present?	
11. Is the person examined physically and mentally fit to carry out intensive training away	Yes No
12. Free of infectious Diseases	Yes No
13. Yellow Fever (If yes, please certify)	
14. Any chronic ailment which may require regular treatment/medication during the course? (If yes, please specify)	
15. Abnormalities indicated in the chest X ray (if yes, please specify)	
16. Does the person require any special assistance to carry out his daily activities? (If yes, please specify)	

Details of Doctor/Physician who have performed the test

Date of test report	
Name of Doctor/Physician	
Doctor Registration No.	
Doctor Address	
Doctor city	
Doctor Phone Number	
Doctor E mail Id	

**Signature of Doctor/Physician: _____ Seal of Government
Clinic/Hospital: _____**