

PROFORMA

MEDICAL EXAMINATION FOR DNB/CPS CANDIDATE/ RESIDENT DOCTORS

NAME (BLOCK LETTERS):

DATE OF BIRTH: Age: Sex: MOBILE NO:.....

COURSE & DEPARTMENT:

Marks of Identification: i)

ii)

ALLOTMENT/ JOINING LETTER NO: Dted

DATE OF MEDICAL EXAMINATION:

Physical Examination:

1. Physician: General examination – Any abnormality -

Pulse: _____ / min. B.P. _____ mm/Hg. RR: / min

RS:-

CVS:-

CNS:-

Any other findings: -

2. Surgeon/IRMSDr/Gynaecologist(for female candidate):

Per Abdominal examination –

Hernia -

Hydrocele-

Any tumors/ abnormal findings-

Hearing (the speaking voice test from 6 m) Lt - - Rt-

Any other findings:

