

हैदराबाद विश्वविद्यालय
UNIVERSITY OF HYDERABAD

ANNEXURE – IV

Admissions 2020-21
Medical Declaration Form

Name :
Father's Name :
Mother's Name :
Subject & Course :

Affix latest
Passport size
Photograph here
and sign across
the photograph

Date, Month and Year of Admission:

A. Please mark each response individually

Are you suffering or have you in the past suffered from any of the following:

1. Epilepsy (Fits) : YES / NO
2. Psychiatric (Mental) Disturbances: YES/NO
3. HIV : YES/NO
4. Hepatitis 'B': YES/NO

B. Are you under treatment or have you in the past taken treatment for any disease or disorder for a period of three months or longer?

If "YES", please give details:

Disease : _____

Medicines taken : _____

C. Blood Group : _____

D. Did you suffer from any physical disability? YES/NO

If "YES" please give details _____

I hereby declare that the information provided above is correct to the best of my knowledge.

I am aware that wilful suppression or misrepresentation of information will lead to cancellation of my admission at any stage of my stay in the University.

Place:

Date:

Signature of the student

(For Official Use only)

Medical Remarks of the
Health Centre of the University of Hyderabad: