## **UNIVERSITY OF PUNE**



## **Students' Health Service Scheme**

Name:			Date of Heal	th Check-up	
Address( Local ):	Male / Female				
Address(Permanent)			Birth Date:		
College:					
Class:	Roll No.:		Hostel Room No.:		
Nationality:	Category: S	SC/ST/DTN	T/OBC/EBC	C/OPEN/ANY	OTHER
Purpose of the health check Health check-up of University of Pune is comp disease/s which they are not treatment can be taken at app आरोग्य तपासणीची उदिदष्टे पुणे विद्यापीठात प्रवेश घेऊ इच्छिण आहे. सदर तपासणी विद्यार्थ्यांच्या वि	every first yulsory. This aware of can propriate time : ा-या प्रथमवर्ष र हेताची आहे का	is for ber n be detecte टे. आणि वसतिगृ ारण जाणीव	efit of the st ed at the time हातील विद्यार्थ्यां नसलेल्या सुप्त	tudents as uni of the check- ची आरोग्य तपार	recognized up and the नणी सक्तीची
1001   141   6107 (147)   1 (411)	41 4 (41 4001	0 1-11 47 (11	Adidi.		
[Please Tick ( $$ ) wherever ap	plicable]				
	. —				
<b>Diet :</b> Veg.  Mixe	d 📙 🛚 I	Exercise: N	No Yes		
Sports: No  Yes		E <b>xtra Curi</b> f yes, Spec		<b>ty:</b> No ☐ Ye	s 🗌
Habits: Tobacco Chewing	Г	Tobacco Sn	noking [		
Alcohol Consump	tion 🗌 I	Pan Parag		Gutka 🗌	
			(Signature o	f the Examinii	ig Doctor)
	CER	TIFICAT	E		
C .:C .1 . C1 : /C .					(
Certify that Shri./Smt.:		11	1		01
Roll No Hostel R	loom No	coneg	e, class	ted Health Che	ek un
1. He/She is found to be			_ nas complet	led Hearth Ch	ck-up.
2. He / She is suffering:		ional Diag	nosis) 1	2	
3	and is ad	vised to co	nsult:	2	and
submit certificate at					
3. Investigation Advised			21		
4. Treatment advised:					
		Sin	nature of the	Hon Medical	Officer

Signature of the Hon. Medical Officer
Of the College

## **COMPLAINTS** (if any):

Me	nstrual	History ( for	Females):	Regular Menarche	Excessive	Scanty	Painful		
Ma	les:	Phimosis	Testes	Inguino-scrotal swelling					
		cms.							
C.V	7.S.:	•••••							
R.S	.:	•••••							
P/A	:	•••••							
SK	IN:								
EA	R:	•••••							
NO	SE:	• • • • • • • • • • • • • • • • • • • •							
	ROAT:								
EY	ES:								
		GUMS:	••••••	••••••	••••••	•••••	••••••		
••••	• • • • • • • •	• • • • • • • • • • • • • • • • • • • •							
Uni	nue: Si versity	<b>Specialists' Ti</b> tudents' Hea of Pune, Gane	lth Service eshkhind, Pun	University C Scheme, B ne – 411 007.	Campus, Pun ehind Unive	<b>e – 411 00</b> 7 ersity Heal	7.		
2. 3. 4. 5. 6. 7. 8. 9.	Surgeon ENT Su Skin Sp Eye Sur Dental Orthopo Gyneco Ayurve	orgeon oecialist rgeon Surgeon edic Surgeon ologist dic Physician herapist	: Monday3.30 : Tuesday ar : Monday ar : Tuesday, T : Monday to : Wednesday : Tuesday 2 : Monday, V : Monday to	D p.m. Tuesday and Thursday and Wednesday and Friday at 2 y and Friday .00p.m.,Thur Vednesday at 2.00 Friday 2.00	Friday at. 2.030 p.m. at 3.00 p.m. sday 1.00p.m nd Friday at 3	d Thursday  1.  1.  1.  1.  1.  1.  1.  1.  1.  1			

- 1. Students should bring I' card of the college / University
- 2. Students will be given free consultation.
- 3. Students belonging to SC/ST/DTNT/OBC/EBC/ are eligible for getting financial help for treatment as per University Rules.

4. Students are requested to consult the Specialist and submit the certificate after consultation/treatment at college office.