



Indian Institute of Technology Hyderabad  
Kandi, Sangareddy- 502285, Telangana, India

## Medical Registration Form

Name: \_\_\_\_\_

Programme: \_\_\_\_\_

Department: \_\_\_\_\_

Hostel Room No.: \_\_\_\_\_

Personal Mobile No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Blood Group: \_\_\_\_\_

Personal Identification Marks (any 2): i) \_\_\_\_\_

ii) \_\_\_\_\_

Pre-existing Medical Conditions/Diseases (if any): \_\_\_\_\_

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

