

**MEDICAL CERTIFICATE**

NAME.....

Age.....Sex.....

Father's Name.....

Height .....Weight.....

Chest Measurement:.....

Vision Distance:.....

Near:.....

Remark (If any).....

Colour vision:.....

(Inability to distinguish between principal colours)

Congenital or other diseases: .....

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Hearing: .....

(Whether defective, must be corrected)

Pregnancy (Female candidate)

Yes/No

\* I hereby certify that I have examined Shri/Smt./Miss .....

.....a candidate for admission to First Year of 2 year B.EdCourse in the North East Regional Institute of Education (NERIE) and could not discover that he/she has any diseases except ..... I do not consider that this will hamper his/her studies for the above – mentioned course.

Date: .....

Place: .....

MEDICAL OFFICER

SEAL

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\* This certificate is to be given by a Medical Officer of a District Govt. Hospital or Superintendent of Medical College/Hospital in the State/ Any authorized medical attendant.