

# MEDICAL CERTIFICATE

NAME: .....

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

Father's Name.....

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

Chest Measurement.....

Vision Distance.....

Near.....

Remarks (if any).....

Colour vision: .....

(Inability to distinguish between principal colours)

Congenital or other diseases: .....

.....

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. Ed  
Course 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.