

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

-
- 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.