

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.