

MEDICAL CERTIFICATE

Name..... D/o, S/o Shri

Age: Sex: Height: Weight:

Chest Measurement:

Heart and Lungs:

Vision: Distance:

Near:

Remarks (if any):

Color vision:

(Inability to distinguish between principal colours)

Congenital or other diseases:

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Hearing:

(Whether defective, must be corrected)

*I hereby certify that I have examined Ms./Mr. a candidate for admission to Four Year B.A.B.Ed./ Four Year B.Sc.B.Ed./ Two Year B.Ed./ Two Year M.Ed./M.Phil in Education programme/ Diploma Course of Guidance and Counselling (DCGC) in the Regional Institute of Education (NCERT), Bhubaneswar and could not discover that she/he has any disease except I do not consider that her/his will hamper her/his studies for the above mentioned programme/course.

Date

MEDICAL OFFICER

Place

SEAL