

To be obtained only from a Gazetted Government Medical Officer/Medical Officer of a Government Undertaking.

N.B.: Please note that the certificate in no other form will be accepted. Medical Certificate issued by a private medical practitioners will not be accepted.

1. Name (In Block letters) : _____
2. Father's Name : _____
3. Date of Birth : _____
4. Date of Medical Examination : _____ Blood Group : _____
4. Personal Identification Marks : _____

5. Height : _____ cms., Weight.: _____ Kgs. Chest : Exp./Insp. _____ cms.
6. Vision : _____ R.E. _____ L.E. : _____
Color Vision : _____
Hearing : _____
General Physical Examination : _____

I certify that I have carefully examined Mr.Ms. _____

Son/Daughter of Mr./Mrs. _____, who has signed in my presence. He/She has no mental and physical disease and is FIT to undergo professional education at North Eastern Regional Institute of Science and Technology, Nirjuli (Itanagar), Arunachal Pradesh, India.

Signature of the Candidate

**Signature of the Medical Officer
(with legible seal)**

Name : _____

Name : _____

Date : _____

Regd.No.: _____ **Date :** _____