

JAWAHAR NAVODAYA VIDYALAYA: DISTRICT: _____

MEDICAL FITNESS CERTIFICATE

01. Name of the candidate : _____
02. Father's name : _____
03. Address: _____

04. Date of birth _____
05. Height _____
06. Weight _____
07. Abdomen _____
08. Chest _____
09. Vision LEFT _____ RIGHT _____
10. Ears _____
11. Throat _____
12. Locomotor system _____
13. State of vaccination _____
14. Skin _____
15. Blood Group _____
16. Dental Hygiene _____
17. Remarks of Medical Officer : Recommended/not recommended for admission/Recommended to C.M.O for Verification if any.

PHOTO OF THE
STUDENT

CIVIL SURGEON