

FORM OF MEDICAL CERTIFICATE

(To be signed by a registered medical Practitioner)

(TO BE SUBMITTED AT THE TIME OF ADMISSION)

I certify that I have carefully examined Shri/Smt./Km.
..... Son/Daughter/Wife of Shri/Smt.....
..... whose signature is given below. As a result of his/her
examination, I certify that nothing has been found which may disqualify him/her from
admission to B.Ed. /D.El.Ed. course in Fatma Teachers' Training College Ranchi. I have
further to report that:

1. His/her eyes appear to be.....
2. His/her heart & lungs are clear
3. His/her weight is
4. His/her height is
5. He/ she wears glass/does not wear glass with vision.
6. He/she no has disease, mental and infirmly, which makes him/her, unfit in the near
future for an active life and studies.

Marks of Identification

Signature of Candidate

Name & Signature of the
Medical Officer with Stamp

Date: