



MEDICAL CERTIFICATE

(To be filled in by the family physician or Medical officer (M.B.B.S. OR M.D.J))

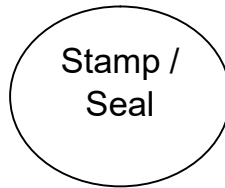
I have medically examined Master / Miss _____ and in my opinion he / she is fit to undergo the Personality Development Course / Summer Military Training Course mentioned above. He / She is not knock kneed, epileptic or flat footed and has been duly inoculated/ vaccinated. He / She is allergic to _____ Height _____ cms. Weight _____ Kgs. Blood Group _____.

Place: _____ Date: _____

Signature

Regn. No. _____

Name: _____



Designation: _____

CHARACTER & BIRTH CERTIFICATE

(From Head of institution/school)

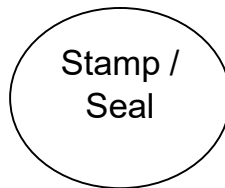
I _____ know personally and to the best of my knowledge. He / She bears an exemplary moral character, I recommended him / her for the Personality Development Course / Summer Military Training Course. His / Her date of birth as per our records is _____.

Place: _____ Date: _____

Signature

Regn. No. _____

Name: _____



Designation: _____