

TO WHOMSOEVER IT MAY CONCERN

MEDICAL CERTIFICATE: ISSUED BY A GOVERNMENT MEDICAL OFFICER

(To be submitted during Admission)

1. It is hereby certified that _____ son/daughter of Shri _____ resident of _____ who has been selected by the Sainik School East Siang to the best of my knowledge and belief has not suffered from any infectious diseases during the preceding month, nor is suffering from any infectious disease as on date.

2. It is also hereby certified that the child is vaccinated against Hepatitis 'A' & 'B', Typhoid, Measles-Rubella (MR) and Chicken-pox.

Office Seal

Signature of Medical Officer

Name, Designation/Rubber Stamp