

INSTRUCTION FOR MEDICAL EXAMINATION AND
ADMISSION -AISSEE 2023-24

1. Refer to AISSEE 2023-24 written examination results AND e-Counselling 4th Round list published on E-counselling portal on 22 May 2023.
2. This is to inform you that you son/ward is hereby called for medical examination based upon AISSEE 2023-24 written examinations and E- Counselling. The call for medical examination does not constitute offer of a seat in Sainik School east Siang.
3. The Candidate to report at 0900 hrs on respective dates allotted for medical at Bakin Pertin General Hospital, Pasighat, Arunachal Pradesh. The candidate is requested to complete all medical tests prior to medical examination at Bakin Pertin General Hospital, (Medical test and medical form attached herewith). All medical expenses will be entertained under any given circumstance.
4. Post medical examination, the provisional admission procedure includes document verification and Fee deposit to be done before 31st May 2023 at Sainik School East Siang, Niglok. Candidates, are to visit school website(sainikschooleastsiang.com) for list of mandatory documents to be checked at the time of admission at Sainik School East Siang, Niglok.
5. After document verification and acceptance of all mandatory documents by the school, the candidates have to deposit fee of Rs 1,25,000/- as first installment towards admission fee online through SBI Collect or to be deposit to school account as mentioned at the school Website www.sainikschooleastsiang.com. Parents are requested to check the school updated fee structure from school website for academic year 2023-24. The payment of first installment of fee is mandatory for provisional admission.
6. The entire procedure may take 3 to 4 days, accordingly journey may be planned. Parents are to make own arrangement for stay. No TA/DA is admissible.

SAINIK SCHOOL EAST SIANG
AISSEE 2023

MEDICAL EXAMINATION AT BAKIN PERTIN GENERAL
HOSPITAL, PASIGHAT, ARUNACHAL PRADESH

<u>SER</u>	<u>MEDICAL TEST/ PARTICULAR</u>	<u>PLACE</u>	<u>CHARGE</u>	<u>REMARKS</u>
1.	Blood RE Test	Diagnostic Laboratory at MCH Building Ground Floor, Pasighat.	-	Free Diagnostic Laboratory (Room No 17)
2.	URINE RE/ME Test		-	
3.	ABO & RH Test		-	
4.	CXR Test	Bakin Pertin General Hospital, Pasighat.	Rs 110/-	To be paid at Bakin Pertin General Hospital, Pasighat, cash counter.
5.	Registration Fee		Rs 10/-	
6.	Treasury Challan	Bakin Pertin General Hospital, Pasighat.	Rs 16/-	Mentioned amount to be paid in cash while submitting the Medical Examination form.

Note: Above mentioned rate for Medical Examination are as informed by Bakin Pertin, General Hospital, Pasighat, Arunachal Pradesh to this school.

SAINIK SCHOOL EAST SIANG, NIGLOK : AY 2023-24 (AISSAC-2023)
LIST OF DOCUMENTS FOR ADMISSIOS INTO CLASS VI & CLASS IX

CHECK LIST

Entrance Exam No.		Date of Birth	
Candidate Name		Rank	
Father Name		State of domicile	
Category		Occupation of Parent/ Guardian	
Caste	Sub caste:		
Income		Scholarship Grade:	Medical fitness

Ser	Document No.	Documents	Submitted (Yes/No)	Remarks
1	M1	Duly signed Checklist with undertaking (original)		
2	M2	Provisional Admission Letter from AISSAC 2023		
3	M3	Admit Card of AISSEE 2023		
4	M4	Score Card of AISSEE 2023		
5	M5	Govt Issued Photo ID Proof of Student, Father and mother/Guardian containing Address Proof (Original) Preferably Aadhar Card		
6	M6	Medical Fitness Report* (Original) As per the format provided by SSS		
7	M7	Proof for date of birth -The copy of the Birth Certificate issued by competent Government Authority concerned. (Original) Date of Birth proof issued by concerned Record Office (in case of Defence Personnel) [Original] It will be verified as per The Registration of Births and Deaths Act, 1969		
8	M8	Study certificate duly signed Principal/Headmaster of Class V / Class IX school. As per format		
9	M9	Certificate of Category (SC/ST/OBC-NCL), if applicable, as per Government of India format, issued by the competent authority (Original)		
10	M10	Domicile Certificate issued by competent authority (Original)		
11	M11	Certificate of service signed by CO/OC of unit (for Defence category-serving)/PPO for Ex-Servicemen (Original)		
12	M12	Income Certificate issued by the competent authority. (Original) (Note: The Income Certificate must be issued as per enclosed format by the Revenue Officer not below the rank of Tehsildar from area of residence of the candidate. The Income Certificate must include Income from all sources of the family for the Financial Year 2021-22 and must have been issued on or after 01 April 2022. The Affidavit/IT Return submitted by the parents will not be considered).		
13	M13	Photographs: - (a) Passport size of the Boy/Girl- 05Nos (b) Family photograph [Parents along with children] (Post card size)- 2		
14	M14	Adoption Deed (in case of Adopted Child) [Original] , if applicable		
15	A1	Agreement (Other than Full Fee)		

Ser	Document No.	Documents	Submitted (Yes/No)	Remarks
16	A2	Agreement Form (Full Fee)		
17	A3	Transfer Certificate (after confirmation of seat and admission)		
18	A4	Indemnity Certificate		
19	A5	Medical Certificate from Govt Medical Officer		
20	A6	Certificate by Defence personnel regarding non-receipt of any Scholarship or financial assistance other than MoD (For Defence only)		
21	A7	Declaration by Parents		
22	A8	Certificate of Undertaking		
23	A9	Anti-Ragging Affidavit		
24	A10	Undertaking		
25	A11	Undertaking enhanced Fee		
26	A12	Address Particulars		
27	A13	Declaration		
28	A14	Undertaking by parents		
29	A15	Undertaking by parents, for provisional Admission		
30	A16	SBI Bank Account of Cadet (Attested photo copy with Account No & IFSC details) [only SBI]		
31	A17	Blood Group Certificate		
Payment Details		Date	Amount	Bank

Undertaking by the parent: -

I / We hereby submit the Undertaking that my admission is provisional subject to the successful completion of document verification at the time of physical reporting in the school. In case, I fail to submit the required documents by the stipulated date or found ineligible or information/documents/certificates provided are found incorrect at any stage, then the school reserves the right to cancel my provisional admission automatically. In such event, I shall be fully responsible for all consequences arising out of such cancellation of admission. Sainik School East Siang shall not be held responsible in any case.

Signature of the Parent / Guardian

I/C Documentation

Accountant

Office Supdt.

Admn Rec / Prov Admn Rec / Admn Not Rec

Date : _____

Administrative Officer

Admn App / Prov Admn App / Admn Not App

Date : _____

Principal

SAINIK SCHOOL EAST SIANG: AY2023-24(AISSAC 2023)
LIST OF DOCUMENTS FOR ADMISSION FOR CLASS VI AND CLASS IX

MANDATORY DOCUMENTS

SI No	Document No	Details of Documents	Download Format	
			PDF	Word
1.	M1	Duly signed Checklist with undertaking (Original)	PDF	Word
2.	M2	Provisional Admission Letter from AISSAC 2023		
3.	M3	Admit Card of AISSEE 2023		
4.	M4	Score Card of AISSEE 2023		
5.	M5	Govt Issued Photo ID Proof of Student, Father and mother/Guardian containing Address Proof (Original) Preferably Aadhar Card		
6.	M6	Medical Fitness Report* (Original) As per the format provided by SSS	PDF	Word
7.	M7	Proof for date of birth -The copy of the Birth Certificate issued by competent Government Authority concerned. (Original) Date of Birth proof issued by concerned Record Office (in case of Defence Personnel) [Original] It will be verified as per The Registration of Births and Deaths Act, 1969		
8.	M8	Study certificate duly signed Principal/Headmaster of Class V / Class IX school. As per format	PDF	Word
9.	M9	Certificate of Category(SC/ST/OBC-NCL), if applicable, as per Government of India format, issued by the competent authority (Original)	PDF	Word
10.	M10	Domicile Certificate issued by competent authority (Original)		
11.	M11	Certificate of service signed by CO/OC of unit (for Defence category-serving)/PPO for Ex-Servicemen (Original)	PDF	Word
12.	M12	Income Certificate issued by the competent authority.(Original) (Note: The Income Certificate must be issued as per enclosed format by the Revenue Officer not below the rank of Tehsildar from area of residence of the candidate. The Income Certificate must include Income from all sources of the family for the Financial Year 2021-22 and must have been issued on or after 01 April 2022. The Affidavit/IT Return submitted by the parents will not be considered). As per the format	PDF	Word
13	M13	Photographs:- (a) Passport size of the Boy/Girl- 05Nos (b) Family photograph [Parents along with children] (Post card size)- 2		
14	M14	Adoption Deed (in case of Adopted Child) [Original] , if applicable		

ADDITIONAL DOCUMENTS FOE SSES

SI No	Document No	Details of Documents	Download Format	
1	A1	Agreement form to be executed by the parent/guardians of students, other than full fee paying, at Sainik School East Siang	PDF	Word
2	A2	Agreement form to be executed by the parent/guardians of full fee paying students at Sainik School East Siang Arunachal Pradesh	PDF	Word
3	A3	Transfer Certificate (after confirmation of seat and admission)		
4	A4	Indemnity Certificate	PDF	Word
5	A5	Medical Certificate from Govt Medical Officer	PDF	Word
6	A6	Certificate by Defence personnel regarding non receipt of any Scholarship or financial assistance other than MoD (For Defence only)	PDF	Word
7	A7	Declaration by Parents	PDF	Word
8	A8	Certificate of Undertaking	PDF	Word
9	A9	Anti-Ragging Affidavit	PDF	Word
10	A10	Undertaking	PDF	Word
11	A11	Undertaking enhanced Fee	PDF	Word
12	A12	Address Particulars	PDF	Word
13	A13	Declaration	PDF	Word
14	A14	Undertaking by parents	PDF	Word
15	A15	Undertaking by parents, for provisional Admission	PDF	Word
16	A16	SBI Bank Account of Cadet (Attested photo copy with Account & IFSC details) [only SBI]		
17	A17	Blood Group Certificate		



सैनिक स्कूल सोसाइटी
SAINIK SCHOOLS SOCIETY

Self-attested
Photograph of the
candidate is to be
securely pasted
here.

SAINIK SCHOOL _____

MEDICAL EXAMINATION REPORT

PERSONAL STATEMENTS

1. Name of the candidate in Full (**IN BLOCK LETTERS**): _____
2. Name of the Father/Mother /Guardian (**IN BLOCK LETTERS**): _____
3. Date of Birth:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

4. Age: _____ years _____ months _____ days
5. Gender (Male/Female): _____
6. Blood Group of candidate: _____
7. Identification Marks:
 - (a) _____
 - (b) _____
8. Permanent Address: _____

9. Allotted date of Medical Examination (as per AISSAC 23 portal):

DD	MM	YYYY
----	----	------

10. Allotted Place of Medical Examination (as per AISSAC 23 portal): _____

11. **Family Details:**

Name	Relation	If, Alive		If, Expired	
		Age (Years)	Health	Cause of Death	Year of Death
	Father				
	Mother				
	Grandfather				
	Grandmother				
	Brother/Sister				
	Brother/Sister				
	Brother/Sister				

AISSEE 2023 Application Number.....

14. Have you ever suffered from any of the following?

Illness	Yes or No	If yes, at what age?	Illness	Yes or No	If yes, at what age?
Chronic Bronchitis/Asthma			Discharge from ears		
Pleurisy/Tuberculosis			Any other Ear Disease		
Rheumatism/Frequent sore throats			Frequent Cough & cold/Sinusitis		
Chronic Indigestion			Nervous Breakdown/Mental illness		
Kidney/Bladder trouble			Fits/Fainting Attacks		
STD			Severe Head Injury		
Jaundice			(For Female candidates only)		
Air, Sea, Car, Train Sickness			Breast Disease / Discharge		
Trachoma			Amenorrhea / Dysmenorrhea		
Night Blindness			Menorrhagia		
Laser Treatment/surgery for Eye			Pregnancy		
Any other Eye disease			Abortion		

15. Have you ever been admitted for any illness, operation or injury? If so, state the nature of disease and duration of stay in hospital.

S No	Nature of Disease (in brief)	Duration of Stay in Hospital

16. Any other information you want to give about your health.....

.....

.....

.....

17. Details of Vaccinations (attach vaccination card for reference): -

Recommended Age	Vaccine	Dose	Yes/No	If Yes, Date of Vaccination
Birth	BCG	Single Dose		
	OPV	Zero Dose		
	Hep B	Birth Dose		
6 Weeks	(DTaP + Hib + IPV) + Hep B or (DTwP + Hib + Hep B) + OPV	1 st Dose		
	PCV (Pneumococcal Conjugate)	1 st Dose		
10 Weeks	(DTaP + Hib + IPV) + Hep B or (DTwP + Hib + Hep B) + OPV	2 nd Dose		
	PCV (Pneumococcal Conjugate)	2 nd Dose		
	Rotavirus (Rotarix)	2 nd Dose		
14 Weeks	(DTaP + Hib + IPV) + Hep B or (DTwP + Hib + Hep B) + OPV	3 rd Dose		
	PCV (Pneumococcal Conjugate)	3 rd Dose		
9 Months	Measles, OPV, JE-1, Vitamin A	1 st Dose		
12 Months	Hepatitis A	1 st Dose		
15 Months	MMR (Measles + Mumps + Rubella)	1 st Dose		
	Varicella (Chicken Pox)	1 st Booster		
	PCV (Pneumococcal Conjugate)	1 st Booster		
16-18 Months	DTaP + Hib + IVP or (DTwP + Hib) + OPV	1 st Booster		
	JE – 2	2 nd Dose		
	Vitamin A (2 nd to 9 th Dose, every 6 months up to the age of 5 years)	2 nd Dose		
18 Months	Hepatitis A	2 nd		
2 Years	Typhoid	1 st		
4 ½ -5 Years	Dtap / DTwP / OPV	2 nd Booster		
	MMR	2 nd Booster		
	Varicella	2 nd Booster		
	Typhoid	2 nd Booster		
10-12 Years	Tda / Td	3 Doses		
	HPV (0, 1 & 6) for girls	3 Doses		
Any Other Vaccination given, not mentioned above				

AISSEE 2023 Application Number.....

18. **Declaration.** I hereby declare that I have provided all details to the best of my knowledge about my family and personal health and that the information given is true to the best of my knowledge. If any of the information provided is found to be wrong, the candidature of my ward will be forfeited at any stage even after admission in Sainik School_____.

Signature of Candidate:.....

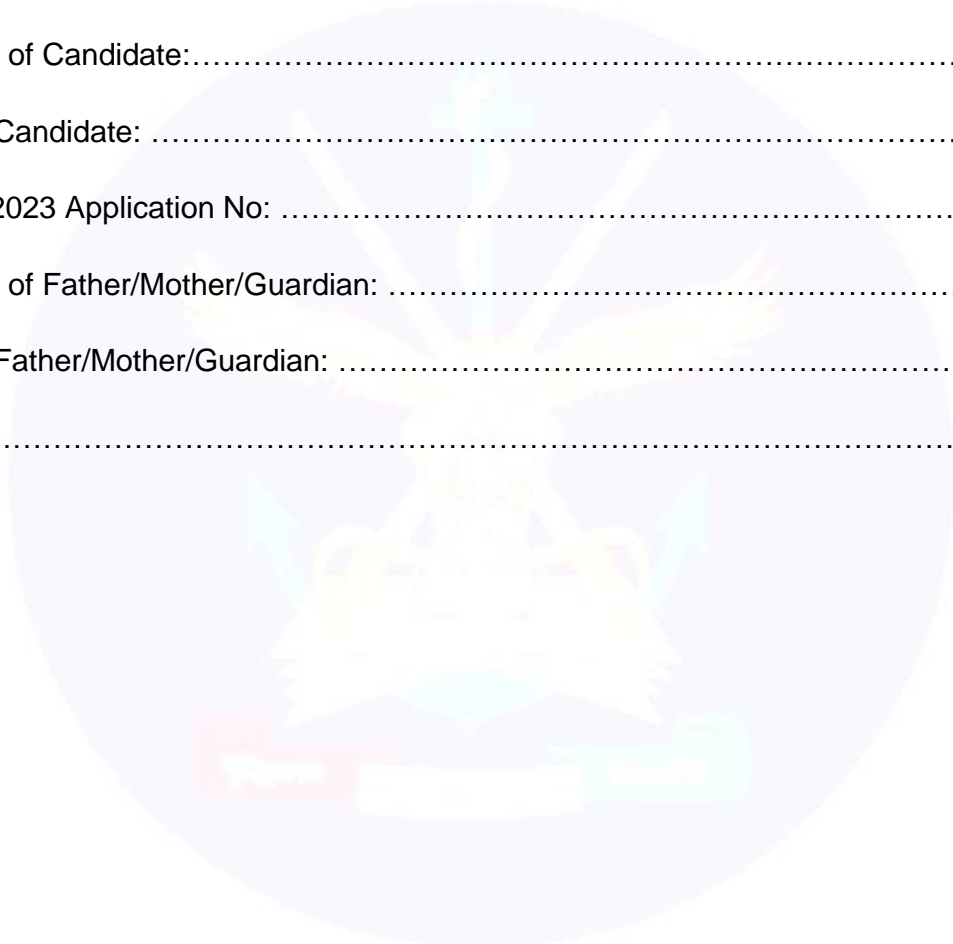
Name of Candidate:

AISSEE 2023 Application No:

Signature of Father/Mother/Guardian:

Name of Father/Mother/Guardian:

Date:



सैनिक स्कूल सोसाइटी
SAINIK SCHOOLS SOCIETY

MEDICAL EXAMINATION FORM**1. MEDICINE**

(a) Height without shoes _____ Cms		(b) Weight (actual) _____ Kg		
(c) Urine Examination	Appearance	Albumin	Sugar	Sp. Gravity
(d) Blood Examination	(i) Hb gm%		(ii) Any other investigation carried out	
(e) Physique				
(f) Skin				
(g) Abdomen (Liver & Spleen)				
(h) Cardiovascular System (Heart Size, Sounds, Rhythm, Arterial Walls, Pulse Rate and BP)				
(i) Respiratory System (including X-ray examination when applicable)			Chest measurements	
			Full Expiration - _____ Cms	
			Range of expansion _____ Cms	
(j) Central Nervous System			Self-Balancing	
			R	
			L	
(k) Speech, Mental capacity & Emotional stability				
(l) Endocrine conditions				
(m) Any other abnormalities or conditions affecting physical capacity not already noted				

Note :- As per Sainik Schools Society Rules and Regulations 1997, no standards of height, weight and chest measurement will be applicable at the time of admission for Sainik Schools

It is certified that:-		
S No	Test	Remarks of Medical Specialist
1.	There is no evidence of weak constitution imperfect development, serious malformation, or obesity	_____
2.	There is no malformation of the head, deformity from fracture or depression of the boned of the skull	_____
3.	There is no sign of functional or organic disease of the heart and blood vessels.	_____
4.	There is no evidence of pulmonary tuberculosis or previous history of this disease or any other chronic disease of the lungs	_____
5.	There is no fistula and / or fissure of the anus of evidence of hemorrhoids	_____
6.	There is no disease of the kidneys. All cases of Glycosuria and Albuminuria will be rejected	_____
7.	There is no disease of the skin unless temporary or trivial. Scars which by their extent or position cause or are likely to cause disability or marked disfigurement are a cause for rejection.	_____
8.	There is no active latent or congenital venereal disease.	_____
9.	There is no history or evidence of mental disease of the candidate or his family. Candidates suffering from epilepsy, incontinence of urine or enuresis will not be accepted.	_____
10.	There is no impediment of speech	_____
Remarks		
Date	Signature of Medical Specialist	

2. SURGERY: -

(a) Upper Limbs (Fingers, hand wrists, elbows, shoulder girdles, cervical and dorsal vertebrae)
(b) Lower Limbs (Hallux valgus rigidus, flat feet, joints, pelvis) & Gait
(c) Lumbar and sacral vertebrae, coccyx and varicose veins
(d) Genito-urinary and perineum (Hydrocele, varicocele, undescended testes and haemorrhoids)
(e) Hernia & Muscle
(f) Breast

It is certified that :-

S No	Test	Remarks of Surgery Specialist
1.	<p>Flat Feet: - The candidate is passing the Flat Feet test as per the examination mentioned below:-</p> <p>(a) Method of examination.</p> <p>(i) The candidate will be examined bare footed standing erect and the presence or absence of normal arch of the feet should be noted.</p> <p>(ii) Candidate should be asked to stand on toes with the feet and heels kept separated and the restoration or otherwise of the arch noted.</p> <p>(iii) Candidate should be made to skip on forefoot and the suppleness and springiness of the feet observed. Tarsal joints will be examined for suppleness or movements.</p> <p>(b) Acceptable for admission.</p> <p>(i) Milder degrees of flat foot where the arches of the feet are restored on standing on toes, with supple and painless feet should not be a bar to acceptance.</p> <p>(ii) Degrees of flat foot where the arch does not re-appear on standing on toes and where the feet are rigid should be a permanent cause for rejection.</p>	

2.	<p>Knock Knee. The candidate is passing the Knock Knee test as per the examination mentioned below: -</p> <p>(a) <u>Method of Examination.</u></p> <p>(i) The candidates will be examined standing erect.</p> <p>(ii) The knee joints will be kept fully extended with feet parallel and the patella facing directly forward.</p> <p>(iii) The distance between the medical malleoli will be measured with medical femoral condyles touching each other.</p> <p>(iv) Any associated deformity of the feet or hip or genu recurvatum will be looked for at the same time.</p> <p>(b)</p> <p>(i) Milder degree of knock knee when the distance between the malleoli is not more than two inches will not be a bar to acceptance provided there is no other associated disability. This will be considered as a minor disability and recorded as such. The candidates should be able to stand to attention with shoes or boots without flexing overlapping of either knee.</p> <p>(ii) Marked degrees of knock knee with the distance between the malleoli more than two inches will be unfit for acceptance.</p> <p>(iii) If a candidate is able to stand to attention without flexion of knees irrespective of any intermalleolar measurements, such candidates can safely be declared as fit.</p>	
3.	There is no maldevelopment or impairment of function of the bones or joints: X ray spline will be taken to find out maldevelopment.	
4.	There is no enlarged gland due to tubercular or due to other disease in the neck and other parts of the body and that the thyroid glands are normal.	
<p>Note: Scars of operation are not cause of rejection provided that there has been no active disease within THE PRECEDING FIVE YEARS AND THE CHEST IS CLINICALLY AND RADIOLOGICALLY CLEAR.</p>		
5.	There is no evidence of any disease of the digestive system including any abnormality of the liver and spleen and there is no abdominal tenderness or palpation.	
6.	Inguinal hernia (unoperated) or tendency thereto will be a cause for rejection	

AISSEE 2023 Application Number.....

	Note: In the case of candidates who have been operated for hernia, they may be declared fit provided.	
	(i) One year has elapsed since the operation (Documentary proof is to be furnished by the candidate)	_____
	(ii) general tone of the abdominal musculature is good; and	_____
	(iii) there has been no recurrence of the hernia or complication connected with the operation	_____
7.	There is no hydrocele or definite varicocele or any other disease or defect of the genital organs.	_____
Note:		
	(i) A Candidate who has been operated for a hydrocele will be accepted if there are no abnormalities of the cord and testicle and there is no evidence of filariasis:	
	(ii) Undescended intra-abdominal testicle on the one side should not be a bar to acceptance or candidates of admission to Sainik School provided the other testicle is normal and there is no untoward physical or psychological effect due to the anomaly. Undescended testis retained in the inguinal canal or at the external abdominal rind however may be a bar to acceptance unless corrected by operation	
8.	There is no fistula and / or fissure of the anus of evidence of hemorrhoids.	_____
Remarks		
Date		Signature of Surgery Specialist

SAINIK SCHOOLS SOCIETY

AISSEE 2023 Application Number.....

3. EYE:-

(a) Distant Vision	R	L	(b) Near Vision	R	L	(c) CP
Without Glasses			Without Glasses			
With Glasses			With Glasses			
(c) Any evidence of Trachoma/its complications or any other disease.						
(d) Binocular Vision & Grade						
SPECIAL EXAMINATION WHEN APPLICABLE						
Manifest Hypermetropia, Myopia R& L			Cover Test			
Diaphragm Test (PD Moddox Wing Test)			Fundi & Media			
Fields			Night Visual Capacity			
Convergence		C	Cms	Accommodation		R
		SC	Cms			L

It is certified that: -		
S No	Test	Remarks of Eye Specialist
1.	<p>Candidate is having the eyes Standards as mentioned below for Sainik Schools:</p> <p>Standard –I 6/6 & 6/6 Standard –II Uncorrected VA 6/18 & 6/18 BCVA. 6/6 & 6/6 Myopia ≤ -1.25 D Sph, including max astigmatism $\leq \pm 0.5$ D Cyl Hypermetropia $\leq +1.25$ D Suh, including max astigmatism $\leq \pm 0.5$ D Cyl LASIK & equivalent not permitted. Colour vision - CP II</p>	
2.	There is no squint or morbid condition of the eye of the lids which is liable to a risk of aggravation or recurrence; and	
3.	There is no active trachoma or its complication and sequela.	
Remarks		
Date:		
		Signature of Eye Specialist

4. EAR, NOSE & THROAT:

(a) Ear			
(i) Hearing	R	L	Both
FW	Cms	Cms	Cms
CV			
(ii) External Ear (wax)	R	L	
(iii) Middle ear (Tympanic Membrane & Eustachian Tube)			
(iv) Inner Ear (Cochlea & Vestibular Apparatus)			
(v) Audiometry Record (Special exam when applicable)			
(b) Nose			
(c) Throat			

It is certified that: -		
S No	Test	Remarks of ENT Specialist
1.	<p>The candidate passing the hearing test mentioned below:-</p> <p>Hearing will be tested by speech-test. Where required audiometric records will also be taken.</p> <p>Speech test. The candidate should be able to hear forced whisper with each ear separately standing with his back to the examiner at a distance of 610 cms, in a reasonable quiet room. The examiner should whisper with the residual air, at the end of an ordinary expiration.</p> <p>Audiometric Records. The Candidate will have no loss of hearing in either ear at frequency 128 to 4096 cycles per second (Audiometry reading between +10 and -10).</p>	
2.	<p>There is no impaired hearing, discharge from or disease in either ear, unhealed perforation of the tympanic membranes or signs of acute or chronic suppurative otitis-media or evidence of radical or modified radical mastoid operation</p>	
<p>Note: A soundly healed perforation without any impairment of the mobility of the drum and without impairment of hearing should not be a bar to acceptance.</p>		

AISSEE 2023 Application Number.....

3.	There is no disease of the bones or cartilages of the nose or nasal polypus or disease of the nasopharynx and accessory sinuses.	_____
4.	There is no enlarged gland due to tubercular or due to other disease in the neck and other parts of the body and that the thyroid glands are normal.	_____
Note: Scars of operation are not cause of rejection provided that there has been no active disease within THE PRECEDING FIVE YEARS AND THE CHEST IS CLINICALLY AND RADIOLOGICALLY CELAR.		
5.	There is no disease of the throat palate, tonsils or gums or any disease or injury affecting the normal function of either mandibular joint.	_____
Note: Simple hypertrophy of the tonsils, if there is no history of attacks of tonsillitis is not a cause for rejection.		
Remarks		
Date: _____		
Signature of ENT Specialist _____		

सैनिक स्कूल सोसाइटी
SAINIK SCHOOLS SOCIETY

5. DENTAL

(a) Total No of Teeth	Missing / Unsavaeable Teeth	
(b) Total Defective Teeth	U. R. 8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8 U.L
(c) Total Dental Points	L. R. 8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8 L.L
(d) Condition of Gums	Missing teeth to be indicated by Horizontal line (__) and Unsavaeable Teeth by a Cross (X) through the appropriate number	

It is certified that: -

S No	Test	Remarks of Dental Surgeon
1.	<p>Dental condition of the candidate is as per the standard mentioned below: -</p> <p>Dental Conditions. It should be ensured that a sufficient number of natural and sound teeth are present for efficient mastication.</p> <p>(a) A Candidate must have minimum of 14 dental points to be accepted as fit. In order to assess the dental condition of an individual, points are allotted as under for teeth in good apposition with corresponding teeth in the other jaw.</p> <p>(i) Central incisor, lateral incisor, canine, 1st and 2nd premolars and underdeveloped third molar 1 point each.</p> <p>(ii) 1st and 2nd molar and fully developed third molar 2 points each. When all 32 teeth are present there will be a total count 22 points.</p> <p>(b) The following teeth in good functional apposition must be present in each jaw:</p> <p>(i) any four of the six anterior</p> <p>(ii) Any six of the ten posteriors</p> <p>(c) Candidates suffering from severe pyorrhea will be rejected. Where the state of pyorrhea is such that if the opinion of the Dental Officer is that it can be cured without extraction of teeth, the candidates may be accepted.</p>	

Remarks

Date:

Signature of Dental Surgeon

AISSEE 2023 Application Number.....

6. GYNAECOLOGY (For female candidates)

(a) Mensural History	(b) LMP
(c) No of Pregnancies	(d) No of Abortions
(e) No of Children	(f) Date of last conception
(g) Vaginal Discharge	(h) Prolapse
(h) USG Abdomen	
Remarks	
Date:	
Signature of Gynecologist	

सैनिक स्कूल सोसाइटी
SAINIK SCHOOLS SOCIETY

AISSEE 2023 Application Number.....

REMARKS OF MEDICAL BOARD

It is certified that _____ (Name of Candidate)
 son of/daughter of _____ (Name of
 Father/Mother/Guardian) has been examined by a Medical Board of above mentioned Doctors as per
 the medical standards laid down in this proforma and he/she is found **FIT / UNFIT** _____
 for admission to **Sainik School** _____ as a cadet.

If candidate is found **UNFIT**, reason/s for same.....

.....

.....

Place:

Date

(SEAL)

CMO / Civil Surgeon

NOTED BY CANDIDATE AND PARENTS/GUARDIAN

Name of Candidate		Signature of Candidate	
Name of Father/Mother /Guardian		Signature of Father/Mother/ Guardian	
Date		Date	

AGREEMENT FORM TO BE EXECUTED BY THE PARENT/GUARDIANS OF STUDENTS, OTHER THAN FULL FEE PAYING, AT SAINIK SCHOOL EAST SIANG

(To be submitted during Admission)

This AGREEMENT is made on this _____ day of _____ 2023 between _____ of _____ (hereinafter called the Guarantor, which expression shall unless excluded by the context of the meaning thereof be deemed to include his heirs, executors, administrators, and legal representatives) of the one part and the board of Governors, Sainik Schools Society (hereinafter) called the `Governors' Which expression shall unless excluded by the context or the meaning thereof be deemed to include the Principal of the Sainik School East Siang, Arunachal Pradesh of the other part.

Whereas _____, son/daughter/ward of _____ (hereinafter called the student) is the son/daughter/ward of the guarantor and has at the request of the guarantor been selected for admission to the Sainik School East Siang inter alia, on the terms and conditions hereinafter appearing for the purpose of receiving education with a view to making the Regular Armed Forces, his profession in life, if considered by the appropriate authority to be suitable and if there is any vacancy and if he be selected.

NOW IT IS HEREBY AGREED BY and between the parties hereto as follows: -

That in consideration of the student being admitted by the Governors to the Sainik School for the purpose of the aforesaid education at the request of the Guarantor, covenants with Governors that the student will attend the Sainik School regularly and will observe and comply with all the rules and regulations thereof for the prescribed period or until he is declared fit for admission to any institution as may from time to time prescribed by the Governors, for training for entry to the Regular Armed Forces and that he the Guarantor shall pay to the Governors regularly and promptly and whenever called upon to do so all the fee as prescribed, if he is not in receipt of any scholarship.

That if for any reasons not beyond the control of either the student or the Guarantor the student fails to pursue his studies at the said school before appearing for selection for entry to any institution as may from time to time be prescribed by the Governors for training for entry to the Regular Armed Forces or fails to appear for the said selection or in the event of his not succeeding in the said selection, fails to reappear for Selection, till such time as his age permits him to do so, according to the rules and regulations.

For the time being in force or having been declared successful at the said selection does not proceed to one of the said institutions to which he may be directed to proceed for being trained for entry into the Regular Armed Forces or having joined the said institutions fails to complete the training there at for the entry into the Regular Armed Forces or fails to join the Regular Armed Forces after completing the training at the said Institution, then and if any such case the Guarantor shall forthwith pay to the Governors in cash the sum the student has received from the School and/or the State Government/Central Government the value of the Scholarships he has received for the period the student was at the said school.

That if after admission any of the following viz., proof of Domicile, Certificate of Age and Statement of Income supplied by the guarantor, is found to be false in any way or not in order the Guarantor shall forthwith pay to the Governors in cash the sum the student has received from the School and/or the State Government/Central Government (the value of the scholarships he has received) for the period the student was at the said School.

That if after admission, the student is found to be medically unfit in any way at the time which might, according to the opinion of the appropriate medical authority, render him unfit for his future entry to the Regular Armed Forces, the student will be withdrawn at once, but it would be open to the guarantor to retain him at the School on payment of the full fee prescribed by the Governors from the date student is found medically unfit.

That the Governors will not be liable for any damages/charges on account of injuries/loss of life which may be sustained by the student at any time during his stay in the School while taking part in sports other extra - curricular activities of the School. All expenses that may be incurred in treatment of such injuries will be borne by the parent/guardian as provided in the rules of the said school. And that if there is any dispute as to the effect or meaning of these presents or in any way touching or arising out these presents, the same shall be referred to the sole arbitration of the Board of Governors, Sainik Schools whose decision shall be final.

IN WITNESS WHERE OF _____ has set his hand and _____ by order and direction of the Board of Governors has set his hand the day and the year first above written.

Signed by the parent
in the presence
(See note (b) below:

Signed by Principal
(for and on behalf of the Board Oof
Governors, Sainik Schools)

Witness 1 _____ (Gazetted Officer)

Witness 2 _____ (Gazetted Officer)

Note:

(a) The agreement form is to be duly stamped. The necessary **stamped paper for Rs.100/-** or such values as prescribed for this purpose is to be purchased by the guarantor from the Local Revenue officer.

(b) The Agreement Bond should be signed by a government servant of Gazetted status together with his seal of Office in token of having witnessed the signature of the Guarantor.

(c) The space provided for the date in the 1st para of the Agreement form should be filled in by the guarantor at the time of admission.

AGREEMENT FORM TO BE EXECUTED BY THE PARENT/GUARDIANS OF FULL FEE PAYING STUDENTS AT SAINIK SCHOOL EAST SIANG ARUNACHAL PRADESH

(To be submitted during Admission)

This AGREEMENT is made this _____ day of ____ 2023 between _____ of _____ (hereinafter called the Guarantor, which expression shall unless excluded by the context of the meaning thereof be deemed to include his heirs, executors, administrators, and legal representatives) of the one part and the board of Governors, Sainik Schools Society (hereinafter) called the 'Governors' Which expression shall unless excluded by the context or the meaning thereof be deemed to include the Principal of the Sainik School East Siang, of the other part.

Whereas _____, son/daughter of _____ (hereinafter called the student) is the son/daughter/ward of the guarantor and has at the request of the guarantor been selected for admission to the Sainik School inter alia, on the terms and conditions hereinafter appearing for the purpose of receiving education in a Sainik School.

NOW IT IS HEREBY AGREED BY and between the parties hereto as follows:-

That in consideration of the student being admitted by the Governors to the Sainik School for the purpose of the aforesaid education at the request of the Guarantor, he the Guarantor covenants with Governors that the student will attend the Sainik School regularly and will observe and comply with all the rules and regulations thereof for the prescribed period and that he, the guarantor, shall pay to the Governors regularly and promptly and whenever called upon to do so all the fees prescribed for education in the Sainik School.

That the Governors will not be liable for any damages/charges on account of injuries/loss of life which may be sustained by the student at any time during his stay in the School while taking part in sports other extra-curricular activities of the School or on account of any other reason directly or indirectly related to his stay as a student in the School. All expenses that may be incurred in the treatment of such injuries will be borne by the parent/guardian as provided in the rules of the said School.

And that if there is any dispute as to the effect or meaning of these presents or in any way touching or arising out of these presents, the same shall be referred to the sole arbitration of the Board of Governors, Sainik Schools, whose decision shall be final.

IN WITNESS WHERE OF _____ has set his hand and _____ by order and direction of the Board of Governors has set his hand the day and the year first above written.

Signed by the parent
in the presence
(See note (b) below:

Signed by Principal
(for and on behalf of the
Board of Governors, Sainik Schools)

Witness 1 _____ (Gazetted Officer)

Witness 2 _____ (Gazetted Officer)

Note:

- (a) The agreement form is to be duly stamped. The necessary **stamped paper for Rs.100/-** or such values as prescribed for this purpose is to be purchased by the guarantor from the Local Revenue officer.
- (b) The Agreement Bond should be signed by a government servant of Gazetted status together with his seal of Office in token of having witnessed the signature of the Guarantor.
- (c) The space provided for the date in the 1st para of the Agreement form should not be filled in by the guarantor. This will be filled in on the date on which the agreement will be signed by the Principal, Sainik School East Siang.

INDEMNITY CERTIFICATE

(To be submitted during Admission)

In consideration of my son/daughter/ward Roll No _____ (office use) _____ Name _____ being allowed at his/my request for the travel during winter/midterm & summer vacation/leave or during organised Educational Tours or on liberty (out pass) and when called at my request on emergency with or without escort, I undertake and agree that neither I nor my executor nor administrator will make any claim against the Government of India or against any Officer, Instructor or any person in the service of Sainik School East Siang or the Sainik Schools Society in respect of any loss or injury including the death which he may suffer during the travel during winter/midterm & summer vacations/leave or during any organised trips like educational tours or on liberty (out pass) and when called at my request on emergency with or without escort, I understand that no compensation will be paid by the Government of India for any loss or injury including death and I agree so as to bind himself, executors and administrators to indemnify the Government of India or any Officer/Instructor of Sainik School, East Siang against any claim.

Signature of Parent/Guardian

Address: _____

Signed by Parent/Guardian in my presence:-

WITNESS:-

(1) Date: _____ Name: _____

Address: _____

(2) Date : _____ Name: _____

Address: _____

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

CERTIFICATE

(To be submitted during Admission)

FOR DEFENCE PERSONAL ONLY

I hereby certify that I am not in receipt of any scholarship or financial assistance from any source other than Ministry of Defence scholarship towards the education of my son/daughter studying in Sainik School East Siang, Niglok, Arunachal Pradesh.

Date: _____

(Signature of the Parent/Guardian)

DECLARATION BY PARENT
(To be submitted during Admission)

1. I, _____ of Village/Town/District _____

Father/Guardian of _____ Roll no (for office use) _____ do

hereby solemnly declare that:

(a) My above named son/daughter/ward has applied and appeared in the All India Sainik School Entrance Examination 2023 for admission to Sainik School East Siang for the first time in the month of January 2023. Also he has not appeared at any time for admission to any other Sainik School.

(b) The particulars given by me in the application form submitted for the above examination in respect of the said boy are true and no information asked to be given has been concealed.

2. In the event of the above information having been found incorrect at any time, I undertake to refund the full amount of the Scholarship enjoyed by my son/daughter/ward immediately, on demand and without demur and will have no objection to my above named son/daughter/ward being immediately removed/withdrawn from the School.

(Signature of the Parent/Guardian)

Place : _____

Name in full : _____

(in Capitals)

Date : _____

Address: _____

CERTIFICATE OF UNDERTAKING
(BY CADET)

(To be submitted during Admission)

1. I, _____ (full name of student with AISSEE 2023-24 enrolment number), Son/Daughter of Shri/Smt _____ have been admitted to Sainik School East Siang. I am fully aware of what constitutes ragging.

2. I am fully aware of the penal and administrative action that is liable to be taken against me in case I am found guilty of indulging in or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.

3. I hereby solemnly aver and undertake that:-

- (a) I will not indulge in any behaviour or act that may be constituted as ragging.
- (b) I will not participate in or abet or propagate through any act of commission or omission of any act that may be constituted as ragging.

4. I hereby affirm that if found guilty of ragging, I am liable for punishment without prejudice, to any other criminal action that may be taken against me under any penal law or any law for the time being in force.

5. Declared this _____ day of _____ month of _____ year.

Signature of deponent

Name: _____

Roll No (For office use): _____ Class: _____

VERIFICATION

Verified that the contents of the undertaking are true to the best of my knowledge and no part of the same is false and nothing has been concealed or misstated therein.

Verified at (place) _____ on this day _____ of _____ month, _____ year.

(Signature of the Parent/Guardian)

AFFIDAVIT
(PARENT / GUARDIAN)
(To be submitted during Admission)

1. I, Mr./ Mrs./ Ms. _____ (full name of parent / guardian) father / mother / guardian of _____ (full name of student with admission / registration / enrolment number), having been admitted to Sainik School East Siang.
2. I am fully aware of what constitutes ragging.
3. I am also fully aware of the penal and administrative action that is liable to be taken against my ward in case he is found guilty of indulging in or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
4. I hereby solemnly aver and undertake that:-
 - (a) My ward will not indulge in any behaviour or act that may be constituted as ragging.
 - (b) My ward will not participate in or abet/propagate through any act of commission or omission that may be constituted as ragging.
5. I hereby accept that if found guilty of ragging, my ward is liable for punishment without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.
6. I hereby declare that my ward has not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging, and further affirm that, in case the declaration is found to be untrue, the admission of ward is liable to be cancelled.

Declared this ____ day of _____ month of ____ year.

Signature of deponent

Name, Address & Telephone / Mobile No: _____

VERIFICATION

Verified that the contents of the affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at (place) _____ on this day ____ of _____ month, ____ year.

Signature of deponent

Solemnly affirmed and signed in my presence on this day ____ of _____ month, ____ year after reading the contents of this affidavit.

UNDERTAKING

(To be submitted during Admission)

(UNDERTAKING BY PARENTS/GUARDIANS)

I, _____ Father/Guardian of Master/Miss _____
_____, do hereby undertake that I will not give cash exceeding
Rs.300/- and also valuable articles such as **GOLD RINGS, GOLD CHAINS, etc.** I will also
not provide any type of **Electronic items like i-Pods, Cameras, Mobile Phones, DVD
Players etc,** to my ward and advise him to strictly adhere to the Rules & Regulations. If
any such items are found the school may confiscate and destroy them and necessary
disciplinary action as deemed fit may be taken against the cadet.

Date: _____

(Signature of the parent/Guardian)

Name in full:- _____

Address _____

UNDERTAKING (FEE ENHANCEMENT)

(To be submitted during Admission)

(UNDERTAKING BY PARENTS/GUARDIANS IN CONNECTION WITH REALISATION OF ENHANCED SCHOOL FEES IN RESPECT OF THEIR SONS/DAUGHTER/WARDS)

I, _____ Father/Guardian of Master/Miss _____, do hereby undertake to pay the increase in School Fees as revised by the Board of Governors, Sainik Schools Society, from time to time in respect of my son/daughter/ward till the completion of his studies in Sainik School East Siang Arunachal Pradesh.

Date: _____

(Signature of the parent/Guardian)

Name in full:- _____

Address _____

ADDRESS PARTICULARS

(To be submitted during Admission)

Name of the Student : _____ (NAME IN CAPITALS)

Father Name : _____

Mother Name : _____

Date of Birth : _____

Religion: _____

Full Postal Address : House No. _____
 PO/PS _____
 Village _____
 District _____
 State _____
 Pin _____

Telephone No. where the Parent can be contacted: _____ &
Mobile No. _____

Email ID : _____

Nearest Railway Station _____ and distance from the Place of residence: ____
Kms

I request all telegrams and other communications pertaining to student _____ be sent to the above address. Change in address will be notified as and when necessary.

I certify that :-

- (a) The above particulars are correct.
- (b) I will intimate change in address, if any, on occurrence. Responsibility of non-receipt of any letters etc sent by school but not received by me on account of my failure to intimate change in address, will be mine.

Place: _____

(Signature of the Parent/Guardian)

Date: _____

Name in Block Letters

DECLARATION

(To be submitted during Admission)

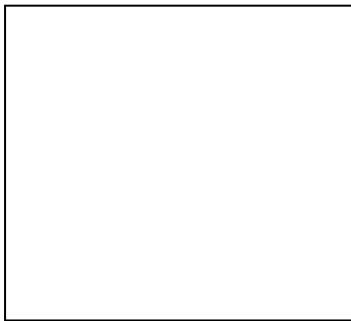
(DECLARATION BY PARENTS/GUARDIANS IN RESPECT OF THEIR SON/DAUGHTER/WARD LOCAL GUARDIAN)

I, _____ of _____ Village / Town/City
_____ District _____ Father/Guardian of Roll No. _____

Master/Miss _____ do hereby solemnly declare that:-

(a) My Wife/Husband Smt/Sri _____ will visit the School on Second Saturday in my absence. I have no objection to sending my child with my wife/husband/guardian in my absence.

(b) I also declare that Sri _____ whose photograph is affixed on Visitor's Pass is the local guardian for my son/daughter/ward Master/Miss _____ in case of my absence.



Name in full: _____
(Guardian) (In Capitals)

Address : _____

Photo of Local Guardian

Place : _____

Date : _____

(Signature of the Parent/Guardian)

REQUEST/ CONSENT FOR LIBERTY/ OUTPASS FOR WARD

1. I am Mr/ Mrs _____ (Telephone No. _____) parent of Roll No _____
Cadet _____ of _____ House who is a student of Class _____

2. I am aware that cadets of X, XI & XII std are being permitted to go on liberty/ outpass to Ruksin/Jonai for recreation (watching movie, eating at a restaurant etc) or on study related work (projects, photocopies etc) or personal work (booking tickets, appointment with doctors etc) by the school authorities on an occasional Sunday/ holiday depending on the training schedule and his personal conduct including completion of assigned tasks. This, I understand, apart from allowing him the essential freedom, will provide him the necessary exposure to the world outside the school and the interaction/ transaction with other people will build his confidence.

3. I request that my ward be permitted to go on liberty/ outpass whenever eligible or required or whenever the authorities on the request of the cadets wish to allow them. I am aware of the risks and pitfalls of leaving the campus. I hereby undertake that I will not hold the school responsible for any mishap or problem which happens during my ward's liberty/ time of outpass. I also promise to advise my ward to follow the under mentioned conditions, rules and regulations failing which both he and I are prepared to accept any penalty which the school is bound to impose on him :-

- (a) My ward will adhere to proper dress code (Muftis)
- (b) My ward will report back from liberty/ outpass in time (if late he should be fined as per the system in vogue)
- (c) My ward will not visit out of bound areas of the town.
- (d) My ward will not purchase any unauthorized item (electronic gadgets including mobile phone, camera pen drive, CD or pornographic literature or unhygienic food or items which are hazardous to health etc)
- (e) My ward will follow all traffic rules and safety norms. He will not indulge in riding himself or driving any private vehicle since he doesn't have a driving license.
- (f) His conduct and behaviour while he is outside the school will be exemplary and praiseworthy. He will not do or speak such deeds or words which will invite complaints from any quarter and bring down the reputation of the school.
- (g) My ward will not go to any other place without information and approval.

Signature of Parent/ Guardian

Signature of Cadet

Name: _____

Roll No. _____

Name _____

Place: _____

Place: _____

Date: _____

Date: _____

UNDERTAKING

(To be submitted during Admission)

**UNDERTAKING FROM THE PARENTS/GUARDIAN FOR
GRANT OF PROVISIONAL ADMISSION**

1. I, Shri/Smt _____ father/mother/guardian of _____ Roll
No _____ hereby undertake to produce all the documents in original as
mentioned at the time of joining/final admission of my ward.

2. I am aware that the admission/provisional admission of my ward may be
cancelled by the School authority at any time in case any document or facts put therein
are found false at later stage.

Place : _____

Signature _____

Date : _____

Name _____

Mobile (WhatsApp) No _____