DARMIKI TEACHER'S COLLEGE FOR MEDICAL EXAMINATION

PART A:	From: Darmiki Teacher's
College	
To the Medical Officer	
Hospital	
Mr./Mrs/Miss	(Name in full)
Please examine the above named as to his/her time Teacher Training Course. The examin categories [I-II each category or sub category ineligible in case of a defect. Primary/Category ineligible for the course:	ation should include the following of which will render the applicant
I. [a] Eye –sight [b] Hearing [c] Limbs [d] Specerosy [g] Epilepsy	eech [e] Venereal disease [f]
II. Neurosis III. Pregnancy (IV) Other serious disc	eases like TB, HIV,
MEDICAL CERTIFICATE	
PART B: (To be completed by a government me	dical officer)
I have examined the above named and consider that he/she is physical fit unfit and mentally fit/unfit for a full time teacher training course.	
I. [a] Eye-sight [b] Hearing [c]	Limbs [d] Speech
[e] Venereal disease [f] Leprosy	[g] Epilepsy
II. Neurosis	
III. Serious diseased	
IV. Pregnancy	
NameSignature	Date
Designation Station	

Official Stamp: