

9. Physical Measurement

Identification Mark	Height (cm)	Weight (kg)	Chest	
			Normal (cm)	Expansion (cm)

10. Medical Examination

Lungs		Hearing	
Heart		Blood Pressure	
Eye Sight		Blood Group	
Pulse Per Minute		Medical Category	
Body Type		Physical Test, If any	

11. Comments from the Doctor

Impression of left thumb

Impression of Right thumb

Date:

Place

Name & Signature of
Medical Examiner with Stamp**CHECKLIST****Tick the relevant boxes****Affix Photograph and enclose the following attested copies.**

- Demand Draft for Programme fee
- Age Certificate (Matriculation Certificate)
- Certificate in support of your educational qualification (s)
- Experience Certificate (s)
- Category Certificate for SC / ST / PH / Kashmiri Migrant / War widow candidates
- Student Card duly filled in along with photograph
- Acknowledgement Card duly stamped (Postal Stamp)
- Medical Examination

Date:

Place

Name & Signature of
Training Academy / Centre Executive