



सैनिक स्कूल अमेठी : चिकित्सा परीक्षण तिथियां
शैक्षणिक सत्र : 2021-22 (कक्षा-6)



SAINIK SCHOOL AMETHI: MEDICAL EXAMINATION DATES
ACADEMIC SESSION: 2021-22 (CLASS VI)

Batch No बैच संख्या	Date of Medical मेडिकल की तिथि	List of Candidates (Entrance Exam Roll No (from Left to Right)) उम्मीदवारों की सूची (प्रवेश परीक्षा रोल नंबर (बाएं से दाएं))	Total कुल																																																																	
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उम्मीदवारों के लिए निर्देश

- उम्मीदवार निम्नलिखित प्रमाण-पत्र/दस्तावेज, मूल एवं प्रतिलिपि के रूप में अपने साथ अवश्य लेकर आयेंगे।
 - एडमिट कार्ड की प्रति।
 - मार्क सूची की प्रति।
 - मेडिकल के संचालन के लिए स्कूल द्वारा भेजा गया मूल कॉल लेटर।
 - विधिवत रूप से भरा हुआ मेडिकल हिस्ट्री फॉर्म तथा स्वास्थ्य रिकॉर्ड (इस पत्र के साथ संलग्न)।
 - अभ्यर्थी के 04 लेटेस्ट पासपोर्ट साईज फोटो
 - उम्मीदवार का ब्लड ग्रुप सर्टिफिकेट।
 - रक्त और मूत्र शर्करा परीक्षण रिपोर्ट (भोजन से पहले और बाद में)।
 - यूएसजी अब्डोमेन रिपोर्ट (केवल लड़कियों के लिए)।
 - मेडिकल परीक्षा शुल्क के लिए देय 100 रुपये का डिमांड ड्राफ्ट, प्रिंसिपल सैनिक स्कूल अमेठी, के पक्ष में गौरीगंज/अमेठी (उत्तर प्रदेश) में देय।
- काल लेटर में दी गई तिथि पर 0730 बजे जिला अस्पताल गौरीगंज, जनपद अमेठी में रिपोर्ट करें। चिकित्सा जांच के लिए दी गई तिथि किसी भी हालात में बदली नहीं जाएगी।
- मेडिकल में आने से पहले कानों का मैल साफ करवाकर आयें।
- अभिभावक अपने ठहरने का स्वयं प्रबन्ध करें। किसी भी प्रकार का यात्राभत्ता नहीं दिया जायेगा।
- नोट उम्मीदवारों के लिए :** उम्मीदवारों को सैनिक स्कूल सोसायटी के नियमों के अंतर्गत मेडिकल परीक्षा के लिए 1:3 के अनुपात में बुलाया जाएगा। अतः मेडिकल परीक्षा के लिए बुलाया जाने का यह अर्थ नहीं कि सैनिक स्कूल अमेठी में आपकी सीट निश्चित हो गई है। सैनिक स्कूल में प्रवेश पूर्णतः श्रेणीबद्ध, विद्यालय के आधार पर, कक्षा के आधार पर, लिंग के आधार पर, वर्ग के आधार पर मैरिट, लिखित परीक्षा के आधार पर (ए आई एस एस ई ई –2021) की योग्यता के अधीन, मेडिकल फिटनेस (नामित चिकित्सा अधिकारी द्वारा प्रमाणित), प्रमाण-पत्रों की सत्यता के आधार पर, रिक्त पदों, आरक्षण पर एकस्टंट पॉलिसी और अन्य योग्यता शर्तों के पुष्टीकरण पर आधारित होगा। जो उम्मीदवार मैरिट और अन्य सभी योग्यताओं की शर्तों को पूरा करेंगे, उन्हें प्रवेश-पत्र के माध्यम से अलग से सूचित किया जाएगा।
- उम्मीदवार किसी भी स्पष्टीकरण/सत्यापन के लिए सैनिक स्कूल अमेठी से 7897341142 या 05368-297167 पर संपर्क कर सकते हैं

स्थान-अमेठी
तिथि : 03 अप्रैल, 2021

(चन्द्र प्रकाश)
लेफ्टिनेंट कर्नल
सैनिक स्कूल अमेठी

INSTRUCTIONS FOR CANDIDATES

- Candidates must bring the following documents in original and copy: -
 - Copy of Admit Card.
 - Copy of Mark List.
 - Original Call Letter Sent by the School for conduct of medical.
 - Duly completed Medical History Form & Health Record (enclosed with this letter).
 - Four recent passport size photographs of the candidate.
 - Blood Group Certificate of the candidate.
 - Blood and urine sugar test reports (before and after food).
 - USG Abdomen Report. **(Only for Girl Candidates)**
 - Demand Draft for Rs. 100/- in favour of **Principal, Sainik School Amethi** payable at **Gauriganj / Amethi (UP)** towards Medical Examination Fee.
- Report at **0730 hrs at District Hospital, Gauriganj, Amethi** on scheduled date mentioned in the Call Letter. No change of dates will be entertained.
- Remove Wax from ears before coming for Medicals.
- Parents are to make own arrangement for stay. No TA/DA is admissible.
- Candidates are being called for the Medical Examination in the ratio of 1:3 in each category as per the regulations of Sainik Schools Society. Hence, the call for medical examination does not constitute offer of a seat in Sainik School Amethi (UP). Admission to Sainik Schools is based on the rank (inter se merit) in the School wise, Class wise, Gender wise, Category wise merit list, subject to qualifying written test (AISSEE-2021), medical fitness (as certified by designated Medical Authorities), verification of original documents/ certificates, vacancies, extant policy on reservations and confirmation of other eligibility conditions. Candidates, as per merit and meeting all eligibility conditions, will be intimated separately through letter of admission.
- Candidates can contact Sainik School Amethi for any clarification / verification at 7897341142 or 05368-297167.

Place : Amethi
Date : 03 April 2021

(Chandra Prakash)
Lieutenant Colonel
Principal

MEDICAL HISTORY SHEET – 2021-22 SESSION
(To be filled in Capital letters only)

This certificate must be filled up and signed by the parent/guardian (as per Para 2 of Call Letter) before the boy/girl appears for Medical Examination.

Name of the Candidate: _____ Exam Roll No. _____

1. Has he/she had any of the following diseases? If so, when?

Ser	Disease	Yes / No	Year
(a)	Chicken Pox		
(b)	Whooping Cough		
(c)	Diphtheria		
(d)	Typhoid		
(e)	Rubella (German measles)		

2. Has he/she been successfully:

Ser	Disease	Yes / No	Year
(a)	Inoculated against Typhoid		
(b)	Has he been actively immunized against the following diseases		
	(i) DPT		
	(ii) Chickenpox		
	(iii) Hepatitis A & B		
	(iv) Any other disease		

3. Has he/she had

Ser No	Disease	Yes / No	Year
(a)	Fits/ Convulsion		
(b)	His ear drum ruptured		
(c)	Any discharge from his ear		
(d)	Asthma		
(e)	Incontinence of urine / Urinary Incontinence		

4. Has he/she had any other serious illness? If so, give history of the case.

5. Did he/she ever suffer from Hanson's disease (leprosy)? If so, give history of the case.

6. Has he/she had any surgical operation? Give particulars.

7. Does he/she suffer from any ailment or constitutional peculiarity affecting general health, sight, hearing etc.

8. Are the Teeth in good condition?

9. Does the boy/girl wear glasses? If so, prescription may be attached with this certificate.

10. Is he/she fit in all respects for ordinary school life in your opinion?

11. Has the boy/girl been declared allergic to any medicine by any doctor? If so, give the name of the medicine in block letters.

12. (a) **Blood** Hemoglobin % _____
 TLC _____
 DLC _____
 RBS _____ (normal range 80/140 mg/dl)
 Sugar (before meal) _____ (normal range 70 - 90 mg/dl)
 Sugar (after meal) _____ (normal range 90 - 140 mg/dl)
- (b) **Urine** Albumin _____ (normal range less than 30 mg/g)
 Sugar _____ (normal range 0 to 0.8 mmol/L)
 Microscopic _____
- (c) **USG Abdomen (Only for Girls)** _____

Note: Reports of (a) (b)& (c) as applicable are to be attached to this document.

13. If there is any other information that you think the School Medical Officer should know/ have? _____

14. I certify that the information furnished by me is correct to the best of my knowledge and belief. I understand that submission of false information or suppression of information as to the past or present health or as to the exposure or infection would entail withdrawal of my son / daughter/ ward from the school and refund of scholarship availed by him/her.

Place:

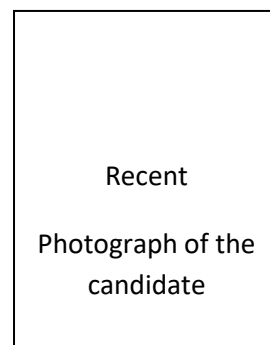
Signature of the Parent / Guardian

Date: Apr 2021

(Name in Capitals)

CHILD'S HEALTH RECORD
(To be filled in Capital letters only)

1. Entrance Exam Roll No: _____
2. Name of the Candidate: _____
3. Date of Birth: _____
4. Blood Group: _____
5. Father's Name: _____
6. Mother's Name: _____
7. Contact No. (Mobile): _____
8. E-mail ID: _____
9. **VACCINATIONS: -**



Immunization	Age	Due Date	Vaccination Date
Zero dose of Polio	At birth (within 14 days)		
Zero dose of Hepatitis-B	At birth (within 24 hrs of		
BCG	At birth (within 1 month)		
Oral polio 1 st dose	1 ½ month (6 th week)		
Inj DPT 1 st dose	1 ½ month (6 th week)		
HIB 1 st dose	1 ½ month (6 th week)		
Inj Hepatitis B1	1 ½ month (6 th week)		
Oral Polio 2 nd dose	2 ½ month (10 th week)		
Inj DPT 2 nd dose	2 ½ month (10 th week)		
HIB 2 nd dose	2 ½ month (10 th week)		
Inj Hepatitis B2	2 ½ month (10 th week)		
Oral Polio 3 rd dose	3 ½ month (14 th week)		
Inj DPT 3 rd dose	3 ½ month (14 th week)		
HIB 3 rd dose	3 ½ month (14 th week)		
Inj Hepatitis B3	3 ½ month (14 th week)		
Measles Vit 'A'	After completion of 9		
Inj DPT	1 ½ Years (18 months)		
Inj DPT (DT)	After 5 years (1 st std)		
Inj TT	4 th std (10 Years)		

10.

Allergy to any food,	What Happened	How Severe	Medication

11. **Does the Child have any problem during physical activity, if yes, please provide the details?** _____

_____.

Signature of Father: _____ Signature of Mother: _____

To be Certified by a Registered Medical Practitioner

1. Date of physical examination _____.
2. Height _____ cms.
3. Weight _____ Kg.
4. B.P _____ Pulse _____/min.
5. Vision _____ L _____ R _____.
 Colour Vision _____ L _____ R _____.
 Squint _____ Conjunctiva _____ Cornea _____ Glaucoma _____.
6. Ear L _____ R _____.
7. Clinical Examination Report: -

Clinical Examination	Normal	Recommendation	Remarks
Head/Neck			
Abdomen			
Surgery Scar			
Serious Illness			
Nail			
Skin			

8. Summary of Current Health Condition

_____.

9. *Fit to Participate in age specific physical activity with precaution

_____.

10. *Should not participate in competitive sport _____

_____.

Signature of Doctor _____

Name of the Doctor _____

Regd. No _____

Seal of Health Faculty _____