

ONLY FOR HASH TAG (#) MARKED CANDIDATES IN THE FINAL MERIT LIST



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REGISTERED POST

सैनिक स्कूल भुवनेश्वर
पोस्ट-सैनिक स्कूल, भुवनेश्वर
जिला-खुरदा, ओडिसा,
पिन 751005
Sainik School Bhubaneswar
PO - Sainik School
Bhubaneswar, Distt - Khordha
State Odisha, Pin 751005.

SSB/ORG/311(EE-19)/Roll No

14 Mar 19

Parent of Roll No

**ADMISSION TO CLASS VI IN SAINIK SCHOOL BHUBANESWAR FOR THE ACADEMIC SESSION 2019-20:
FORWARDING OF CALL LETTER FOR MEDICAL EXAMINATION**

Dear Parent,

1. Based on the performance in the All India Sainik Schools Entrance Examination 2019 conducted on 06 Jan 19 and Re-Exam conducted on 24 Feb 19, your son/ward Master _____, Roll No _____ has been placed in the _____ for admission to Class VI under _____ category, State of Domicile _____. Your son is positively first required to report to Sainik School Bhubaneswar and Capital Hospital, Bhubaneswar as per the schedule given below:-

Ser	Date	Time	Place	Purpose
(a)	25 MAR 19	1000 h	Sainik School Bhubaneswar	Verification of Documents
(b)		1430 h	Capital Hospital, Bhubaneswar	Medical Examination

2. **Documents to be brought on the day of Medical Exam for verification:-** (a) Medical Examination Report (Encl 1) duly filled from Serial Number 1 to 9 and Application Form (Encl 2) duly filled as per the details provided by you while filling up online form. (b) Paste latest colour photographs of your son/ward at the prescribed space given in the Medical Examination Report and the Application Form. (c) Date of Birth Certificate issued by the Registrar of Birth and Death. (d) Study-cum-Date of Birth Certificate from a recognized School (in case studying in the School). (e) Photo Identity Card of the candidate. (f) Aadhaar Card of the candidate. (g) Domicile Certificate. (h) Caste Certificate (in case of SC/ST only). **In addition, Defence category parents are required to bring and produce DO Part II Order Extract of Date of Birth of their son published by the competent authority and their Service Certificate issued by the Commanding Officer (Discharge Book, PPO and ESM Identity Card issued by Zilla Sainik Welfare Officer of respective district in respect of ESM only).**

3. Your son/ward is required to produce this letter to the School representative at the time of Documents Verification and Medical Exam, failing which, he may not be allowed to appear before the Medical Exam Board.

4. On completion of Medical Exam, you along with your son may leave the designated place after informing the School Representative. No TA/DA is admissible to attend the Medical Exam. Efforts will be made to complete the Medical Exam in one day. However, Medical Exam may take even two or more days. You have to make your own arrangements for stay, food etc. You along with your son may be called on some other day also, if medical specialist is not available on that particular day.

5. It is essential that you as the father/mother or guardian (only in case both father and mother are not alive), should accompany your son/ward at the time of Medical Exam. Uncles, teachers and other relatives are strictly forbidden to accompany the candidates.

6. You are advised to get the wax removed from the ears of your son/ward before bringing him for Medical Exam to avoid temporary rejections and inconvenience, as it has been observed in the past that there were many temporary rejections on account of wax in the ears. You are also advised to get your son/ward medically examined by an Eye Specialist. In case, your son/ward wears glasses (spectacles), please bring his spectacles and medical prescription containing eye sight details.

7. It may be noted that mere short listing of your son/ward for medical examination does not constitute any commitment on the part of the School to admit your son/ward. Admission will be made strictly according to the Final Merit List and subject to Medical Fitness and availability of vacancies.

8. Candidates finally selected on the basis of the merit list will be offered admission depending upon the number of vacancies and are required to join the School in the month of April 2019. Joining Instructions will be forwarded to medically fit candidates who make it to the Final Merit List.

9. Please acknowledge.

Yours sincerely,

Principal

Encls: As above.



SAINIK SCHOOL BHUBANESWAR, ODISHA
MEDICAL EXAMINATION REPORT ON ENTRY
MEDICAL EXAMINATION HELD AT
CAPITAL HOSPITAL, BHUBANESWAR

Paste
Passport size
photograph of
the Candidate

1. Roll No: Name (in Block CAPITAL):
2. Father's Name:
3. Mother's Name:
4. Date of Birth:

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D D
M M
Y Y Y Y
5. Any history of previous illness:
6. Any family history of Hereditary Disease:
7. **OTHER DISEASE**, if any
8. **OTHER DISABILITY**, if any
9. **REMARKS**

(Signature of Candidate)

(Signature of Father/Mother/Guardian)

10. Identification Mark:
11. Build: (a) Height: cms (b) Weight: Kgs
12. Chest (a) Expiration: cms Inspiration: cms
- REMARKS**

Signature of Medical Officer In-charge with Seal

13. EYES:

- (a) Distant Vision:
- (b) Near Vision:
- (c) Colour Vision:
- (d) Squint:

REMARKS

Signature of Eye Specialist with Seal

Roll No: Name of the Candidate:

14. Ears and Hearing:

15. Nose:

16. Mouth and Throat:

REMARKS
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Signature of ENT Specialist with Seal

17. **SKIN:**

(a) Scars: (b) Disfigurement:

(c) *Eczema*:

(d) Leprosy or Hansen diseased infectious/non-infectious:

(Note: If any history in family either paternal or maternal should be mentioned)

REMARKS
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Signature of Skin Specialist with Seal

18. **SPEECH** :

19. **HEART** :

20. **LUNGS** :

21. **LIVER** : **SPLEEN**

22. **GENERAL NERVOUS SYSTEM** :

REMARKS

**Signature of Paediatric/Medicine Specialist
with Seal**

23. **GLANDS**

24. **HERNIA** **HYDROCELE**

25. **FLAT FEET** **KNOCK KNEE**

26. **BONES and JOINTS**

REMARKS

**Signature of Surgical Specialist
with Seal**

**Signature of Orthopaedic Surgeon
with Seal**

Contd.....P3.

Roll No: Name of the Candidate:

27. **DENTAL**

(a) Total No. of Teeth: Missing / Unsaveable Teeth:

(b) Total No. of Defective Teeth U.R. 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8 U.L.

(c) Total No. of Dental Point 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 Unsaveable teeth by cross (x) through the appropriate number

REMARKS
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Signature of Dental Specialist with Seal

28. **FINAL ASSESSMENT:**

FIT / TEMPORARY UNFIT / UNFIT

SIGNATURE OF THE MEDICAL BOARD

(Member)

(Member)

(Chairman)

SAINIK SCHOOL BHUBANESWAR

REVIEW MEDICAL BOARD

1. Roll No:
2. Name:
3. Father's Name:
4. Date of Birth:

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(Signature of the Candidate)

REVIEW MEDICAL BOARD'S FINAL ASSESSMENT

FIT / UNFIT

SIGNATURE OF THE REVIEW MEDICAL BOARD

(Member)

(Member)

(Chairman)

