

ONLY FOR CENTRAL POOL CANDIDATE

REGISTERED POST



☎ 0674-2581845 (Principal)
☎ 0674-2588245 (Vice Principal)
☎ 0674-2581644 (Adm Officer)
☎ 0674-2581643 (OS-Main Office)
Fax No. : 0674-2581643 / 0674-2581845
Website: www.sainikschoolbhubaneswar.org
E-mail: bhubaneswarsainikschool@yahoo.in
bhubaneswarsainikschool@gmail.com

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)/602081

14 Mar 19

Parent of Roll No 602081

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

Dear Parent,

1. As per the directives received from Sainik Schools Society, Ministry of Defence, Govt of India, your son/ward Master **SHIVANSH SACHIN**, Roll No **602081** has been selected for admission to Class VI under **CENTRAL POOL** quota. 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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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
.....

Signature of ENT Specialist with Seal

17. SKIN:

(a) Scars: (b) Disfigurement:

(c) Eczema:

(d) Leprosy or Hanson 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

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)

ADMISSION STRICTLY FOR BOYS ONLY



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| Roll No | | | | | | |
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SAINIK SCHOOL BHUBANESWAR, PO SAINIK SCHOOL, DIST KHURDA, ODISHA 751 005

APPLICATION FORM FOR ADMISSION: ACADEMIC SESSION 2019-20

(Fill all columns in legible Capital Letters)

1. Tick (✓) Class for which admission is sought

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|-----------|
| VI |
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2. Date of Birth

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 Day

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 Month

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 Year

| |
|---|
| Latest Passport size photo to be pasted and attested by the Head of the institution where the boy is presently studying or by Class I Gazetted Officer. |
|---|

3. Name of the boy in Full (CAPITAL LETTERS ONLY)

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|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | |
| Aadhaar Card Number of the Candidate | | | | | | | | | | | | | | | | | | |

4. Father's Full Name (CAPITAL LETTERS ONLY)

| | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | |
| Aadhaar Card Number of the Father | | | | | | | | | | | | | | | | | | |

5. Mother's Full Name (CAPITAL LETTERS ONLY)

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| | | | | | | | | | | | | | | | | | | |
| Aadhaar Card Number of the Mother | | | | | | | | | | | | | | | | | | |

6. Full Name of the Guardian (CAPITAL LETTERS ONLY) (If Parents are not alive)

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7. Nationality _____ 8. State of **Domicile** (Parents) _____

9. Tick (✓) your category in the box:-

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|---------|
| General |
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| Defence |
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| SC |
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| ST |
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(a) If you belong to **SC/ST** Category, please specify your Sub Caste/Tribe _____

(b) If you belong to **DEFENCE** Category, please furnish the following details:

| Whether serving or Ex-service personnel | Service (Army/Navy/Air Force) | Service Number | Rank | Date of Enrolment/Commission | Date of Discharge | Name of the Record Office |
|---|-------------------------------|----------------|------|------------------------------|-------------------|---------------------------|
| | | | | | | |

10. Occupation of Father/ Mother/ Guardian _____ / _____ / _____
 (Government/ Private Service/ Business/ Farming etc. to be specified).

11. Monthly Income from all sources (in Rupees): Father _____ / Mother _____

12. Address for Correspondence:

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