

CONFIDENTIAL

in lieu of A.F.M.S.F 2 (Ver 2002)

MEDICAL EXAMINATION REPORT ON ENTRY

MEDICAL EXAMINATION HELD AT **DISTRICT HEAD QUARTER HOSPITAL (DHH)**

1. Name in Full 2. Date of Birth
3. Married or Single 4. Hours Flown
5. Service: **ADMISSION IN SAINIK SCHOOL SAMBALPUR** 6. Arm/Corp/Branch/Trade ...
7. Permanent Address 8. Identification Marks
- (a)
- (b)

Recent photograph of the candidate to be pasted here and then duly attested

PERSONAL STATEMENT

| 9. FAMILY HISTORY | | | | | | | |
|-----------------------|--------------|---------------|----------|--------------------|----------------|-----------------|-------------|
| Relation | If Alive | | | If Expired | | | |
| | Age (Yrs) | Health | | Cause of Death | | Died (Yrs) | |
| Father | | | | | | | |
| Mother | | | | | | | |
| Brother/Sister | | | | | | | |
| " | | | | | | | |
| " | | | | | | | |
| " | | | | | | | |
| Any Family History of | Hypertension | Heart Disease | Diabetes | Bleeding Disorders | Mental Disease | Night Blindness | Bed Wetting |

| 10. PERSONAL HISTORY | | | |
|---|----------|-----------------------------------|------------|
| Has your son suffered from any of the following illness / conditions? | | | |
| Illness | (Yes/No) | Illness | (Yes / No) |
| Chronic Bronchitis / Asthama | | Discharge from Ears | |
| Pleurisy / Tuberculosis | | Any other Ear Disease | |
| Rheumatism/Frequent Sore Throats | | Frequent Cough & Cold / Sinusitis | |
| Chronic Indigestion | | Nervous Breakdown/Mental illness | |
| Kidney/Bladder Trouble | | Fits/Fainting Attacks | |
| STD | | Severe Head Injury | |
| Jaundice | | (For female candidates only) | |
| Air, Sea, Car, Train sickness | | Breast Disease/Discharge | |
| Trachoma | | Amenorrhoea/Dysmenorrhoea | |
| Night Blindness | | Menorrhagia | |
| Laser treatment/Surgery for Eye | | Pregnancy | |
| Any other Eye disease | | Abortion | |

| | |
|--|------------|
| Have you ever been rejected as medically unfit for any branch of the Armed Forces | (Yes / No) |
| Have you ever been discharged as medically unfit from any branch of the Armed Force | (Yes / No) |
| Have you ever been admitted in hospital for any illness, operation or injury? | (Yes / No) |
| If so, state the nature of the disease and duration of stay in hospital. | |
| Any other information you can give about your health? | |
| I hereby declare that I have answered as fully as possible all the questions about my family and personal health and that the information given is true to the best of my knowledge. | |

Signature of Medical Officer

Signature of Candidate

Date

Date.....

CONFIDENTIAL**EXAMINATION****MEDICINE**

| | | | |
|---------|---|--|---|
| 11. | (a) Height without Shoe cms | (b) Weight (actual) (acceptable) Kg Kg | (c) Leg Length (for pilots only) cms |
| | (d) Urine Examination | Appearance | Albumin Sugar Specific Gravity |
| | (e) Blood Examination (i) Hb gm% (ii) Any other investigation carried out | | |
| | (f) Physique | | |
| | (g) Skin | | |
| | (h) Abdomen (<i>Liver & Spleen</i>) | | |
| | (i) Cardio Vascular System (<i>Heart Size, Sounds, Rhythm, Arterial Walls, Pulse Rate and BP</i>) | | |
| | (j) Respiratory System (<i>including X-ray examination when applicable</i>) | Chest Measurements | |
| | | Full Expansion | cms |
| | | Range of Expansion | cms |
| | (k) Central Nervous System | Self Balancing | |
| | | R | |
| | | L | |
| | (l) Speech, Mental capacity & Emotional stability | | |
| | (m) Endocrine conditions | | |
| | (n) Any other abnormalities or conditions affecting physical capacity not already noted | | |
| Remarks | | | |
| Date | | Signature of Medical Specialist | |

SURGERY

| | |
|---------|---|
| 12 | (a) Upper Limbs (Fingers, hand, wrist, elbows, shoulder girdles, cervical and dorsal vertebrae) |
| | (b) Lower Limbs (Hallux vagus rigidus rigidus, flat feet, joints, pelvis) & Gaits |
| | (c) Lumbar and sacral vertebrae, coccyx and varicose veins |
| | (d) Genito - urinary and perineum (Hydrocele, varicocele, undescended testes and haemorrhoids) |
| | (e) Hernia & Muscle |
| | (f) Breast |
| Remarks | |
| Date | Signature of Surgical Specialist |

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CONFIDENTIAL**EYE**

| | | | | | | | | |
|--|-----|--|-----|---|-----------------------------|---|-----|--------|
| 13 | (a) | Distant Vision | R | L | (b) Near Vision | R | L | (c) CP |
| | | Without Glasses | | | Without Glasses | | | |
| | | With Glasses | | | With Glasses | | | |
| | (c) | Any evidence of Trachoma / its complication or any other disease | | | | | | |
| | (d) | Binocular Vision & Grade | | | | | | |
| SPECIAL EXAMINATION WHEN APPLICABLE | | | | | | | | |
| Manifest Hypermetropia, Myopia R & L | | | | | Cover Test | | | |
| Diaphragm Test (PD Moddex Wing Test | | | | | Fundi & Media | | | |
| Fields | | | | | Night Visual Capacity | | | |
| Convergence | | { C | cms | | Accommodation | | { R | |
| | | { SC | cms | | | | { L | |
| Remarks | | | | | | | | |
| Date | | | | | Signature of Eye Specialist | | | |

EAR NOSE & THROAT

| | | | | | | | | |
|---------|-------|--|-----|-----|-----------------------------|--|--|--|
| 14 | (a) | Ear | | | | | | |
| | (i) | Hearing | R | L | Both | | | |
| | | CV | cms | cms | cms | | | |
| | | FW | cms | cms | cms | | | |
| | (ii) | External Ear (Wax) | R | L | | | | |
| | (iii) | Middle Ear (<i>Tympanic Membrane & Eustachian Tube</i>) | | | | | | |
| | (iv) | Inner Ear (<i>Cochlea & Vestibular Apparatus</i>) | | | | | | |
| | (v) | Audiometry Record (special exam when applicable) | | | | | | |
| | (b) | Nose | | | | | | |
| | (c) | Throat | | | | | | |
| Remarks | | | | | | | | |
| Date | | | | | Signature of ENT Specialist | | | |

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CONFIDENTIAL**DENTAL**

| | | |
|---------|----------------------------------|--|
| 15 | (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 | | |
| Date | | Signature of Dental Officer |

GYNECOLOGY

| | | |
|---------|-------------------------|------------------------------|
| 16 | (a) Menstrual History | (b) LMP |
| | (c) Nos. of Pregnancies | (d) Nos. of Abortions |
| | (e) Nos. of Children | (f) Date of last Confinement |
| | (g) Vaginal Discharge | (h) Prolapse |
| | (i) USG Abdomen | |
| Remarks | | |
| Date | | Signature of Gynecologist |

FINDINGS OF MEDICAL BOARD / EXAMINATION

Place

Date

Member

Member

Signature of President

FINDINGS OF SUBSEQUENT MEDICAL BOARD / EXAMINATION

Place

Date

Member

Member

Signature of President

APPROVING AUTHORITY

(where applicable)

Place

Signature

Date

Member

Member

Rank & Designation

CONFIDENTIAL

Roll No:

SAINIK SCHOOL SAMBALPUR, PO: BASANTPUR, DIST SAMBALPUR, ODISHA 768025

APPLICATION FORM FOR ADMISSION: ACADEMIC SESSION 2020-21

(Fill all columns in legible Capital Letters)

1. Tick (✓) Class for which admission is sought - **VI**
2. Date of Birth - / /
- Day Month Year



3. Name of the Candidate in Full (**CAPITAL LETTERS ONLY**)
-

Aadhaar Number of the Candidate

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

Aadhaar Number of the Father

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

Aadhaar Number of the Mother

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

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

9. Tick (✓) your category in the box: **General** **Defence** **SC** **ST**

(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:

House No:

Vill: PO:

Teh: PS:

Distt: State

PIN:

13. Telephone No. with STD Code
Mobile
Email ID, if any

14. (a) Name and address of the School in which the boy is studying at present or studied at any time in the past:

(b) Whether the School is recognised? Yes or No: _____

(c) Class in which studying: _____

15. Permanent Address:

House No:

Vill: PO:

Teh: PS:

Distt: State

PIN:

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
|--|--|--|--|--|--|--|

16. Has your son/ward appeared in entrance examination earlier? If yes, please give the following details

| Name of the Centre | Year | Roll Number | Class | Name of Sainik School |
|--------------------|------|-------------|-------|-----------------------|
| | | | | |

DECLARATION BY PARENTS

I solemnly declare that the particulars given above are true and correct and no information required to be given has been concealed. In the event of any of the above information has been found incorrect at any time, I undertake to refund full amount of the scholarship immediately on demand, and without demur and will have no objection to my above named son/ward being immediately removed from the rolls of the School.

I undertake that I will not dispute the correctness of decision given by the School with regard to the evaluation and the other procedure followed for admission of candidate and that decisions given by the School will be accepted as final verdict.

Date: ____/ ____/ 2020

(Signature and Name of the Father/Mother/Guardian)

Place: _____