I certify that I have carefully examined Mr./Ms./Mrs. Poy an kumar.
Son / daughter of Mr. Bharar / Whose signature given below Based on the examination, I certify that he / she is in good mental and physical health and is free from any physical defects which may interfere with his / her studies including the active outdoor duties required of a professional.
Marks of identification - male on Nede.
Signature of the candidate - Resture
Place - Bihar
Date - 16 04/23

प्रार्थामक आरोग्य केंद्र नेरे (भोर). ता, भोर, जि. पुणे

Name & signature of the Medical Officer

certify that I have carefu	lly examined N	/ г./ј⁄ ls./ј ⁄ lrs	Somu	u ba	bler	Pada
I certify that I have careful Son / daughter of Mr Based on the examination from any physical defects duties required of a profe	which may int	ile / sile is ili g	oou mentai a	nu physicai	nealth an	u is itee
Marks of identification -	male	on 500	lp.			
Signature of the candidat	te	Sameri	,			
Place - Miceapu	r up.					
Date - <u>1610412</u>	3	-			•. •	
वैद्यक्तिय अधिव प्राथमिक आरोग्य केंद्र ता. भोर, जि. पु	नेरे (भोर).					
Name & signature of the	Medical Offi	cer				
With seal and registrat	ion number					

. A	\L.'\-	Bara da	
certify that I have carefully examined Mr./Ms./Mrs.)H]	049400	
I certify that I have carefully examined Mr./Mf./Mrs Are Son / daughter of Mr Deltray Bayado Based on the examination, I certify that he / she is in good ment from any physical defects which may interfere with his / her studuties required of a professional.	cui una piny.	Jicar Francisco	
Marks of identification - Male on By fluid	yh.		
Signature of the candidate - Arlc+			
Place - Sangell	•		
Date - 16104123			
वैद्यकिय अधिकारी प्राथमिक आरोग्य केंद्र नेरे (भोर). ता. भोर, जि. पुणे			
Name & signature of the Medical Officer			
With seal and registration number			

I certify that I have carefully examined Mr./Ms./Mrs. Kuldeep Kumar Son / daughter of Mr. Coude and Aumar whose signature given below.
I certify that I have carefully examined Mr./Ms./Mrs
Son / daughter of Mr. Couch Care Part Whose signature given deep Based on the examination, I certify that he / she is in good mental and physical health and is free from any physical defects which may interfere with his / her studies including the active outdoor duties required of a professional.
male on (RF) Par
Marks of identification - Mole on (RF) for
Signature of the candidate - <u>Kyldeep</u>
Place - Chitaket UP
Date - 16/04/23

वैद्यकिय अधिकारी प्रार्थामक आरोग्य केंद्र नेरे (भोर). ता. भोर, जि. पुणे

I certify that I have carefully examined Mr./Ms./Mrs. Mose signature given below. Son / daughter of Mr. Radhesh tan Curror Whose signature given below. Based on the examination, I certify that he / she is in good mental and physical health and is free from any physical defects which may interfere with his / her studies including the active outdoor duties required of a professional.
Marks of identification - Mole on Breck
Signature of the candidate -
Place - Ravidainagen, up
Date - 16 104 23.

वैद्यकिय अधिकारी प्राथमिक आरोग्य केंद्र नेरे (भोर). ता. भोर, जि. पुणे

Name & signature of the Medical Officer

certify that I have carefully	mad Mr /	Me /Mrs	saolun	kuma	17
I certify that I have carefully Son / daughter of Mr.	examined with	100000	Whose sig	anature give	n below.
Son / daughter of Mr	certify that he / nich may interfer	CUD IS IU AUOUT II	ICIICAI ama prijara		
Marks of identification	mole or	af ar	<u> </u>		-
Signature of the candidate -	Sau	chin.			
Place. Chandarali	UP				
Date - 16 10 4 23	3				

वैद्यक्तिय अधिकारी प्राथमिक आरोग्य केंद्र नेरे (भोर). ता. भोर, जि. पुणे

Name & signature of the Medical Officer

I certify that I have carefully examined Mr./Ms./Mrs. Reujam Syzonolog Cum)ar-
certify that I have carefully examined Mr./Ms./MsWhose signature given below.	
Son / daughter of Mr. <u>3420nola</u> <u>kumov</u> . Whose signature given below. Based on the examination, I certify that he / she is in good mental and physical health and is free from any physical defects which may interfere with his / her studies including the active outdoor duties required of a professional.	
and an Royale	
Marks of identification - mole on Back.	
Signature of the candidate - Legluh	
Place - Jaban p W	
Date - 16104123	

वैद्यक्तियं अधिकारी प्राथमिक आरोग्य केंद्र नेरे (भोर). ता. भोर, जि. गुणे

certify that I have carefully examined Mr./Mx./Mfs and ev A	Khanele
Son / daughter of Mr Whose sign Based on the examination, I certify that he / she is in good mental and physical from any physical defects which may interfere with his / her studies including to duties required of a professional.	nature given below.
Marks of identification - Male on beeck of Neck.	
Signature of the candidate	
Place - Ameorati	
Date - 16104123	

वैद्यकिय अधिकारी प्रार्थामक आरोग्य केंद्र नेरे (भोर). ता. भोर, जि. पुणे

Name & signature of the Medical Officer

Son / daughter of Mr. Son / daughter of Mr. Based on the examination, I certify that he / she is in good mental and physical health and is free from any physical defects which may interfere with his / her studies including the active outdoor duties required of a professional.
Marks of identification - Mole on Bade.
Signature of the candidate - Pahal .
Place - Miezapur UP
Date- 16/04/23

प्रार्थामक आरोग्य केंद्र नेरे (भोर). ता. भोर. जि. पुणे

1 1 2 20
I certify that I have carefully examined Mr./Ms./Mrs. Makesh so notice given below.
Son / daughter of Mr. Ahara Singh. Whose signature given below. Based on the examination, I certify that he / she is in good mental and physical health and is free from any physical defects which may interfere with his / her studies including the active outdoor duties required of a professional.
Marks of identification - Mole on (4) showder.
Signature of the candidate - Nubble
Place - Vilaspur.
Date - 16 04 23

वैद्यकिय अधिकारी प्राथमिक आरोग्य केंद्र नेरे (भोर). ता. भोर, जि. पुणे े

Name & signature of the Medical Officer

I certify that I have carefully examined Mr./Ms./Mrs. Tosham 3. pgh.
I certify that I have carefully examined (iii) (iii)
Son / daughter of Mr. Moharlay Single. Whose signature given below. Based on the examination, I certify that he / she is in good mental and physical health and is free from any physical defects which may interfere with his / her studies including the active outdoor duties required of a professional.
Marks of identification - Mole on forcheed.
Signature of the candidate - 18sham
Place - Vilaspur
Date - 16104123

प्राथमिक आरोग्य केंद्र नेरे (भोर). ता. भोर. जि. पुणे

certify that I have carefully examined Mr./N	ls./Mrs. <u>hajan</u>	an s	gnty	marajkar
Son / daughter of Mr. <u>Sqnu</u> mavages Based on the examination, I certify that he / s from any physical defects which may interfere duties required of a professional.	kor - the is in good mental	_Whose si I and physic	gnature gi cal health	ven below. and is free
Marks of identification - Mole on	(1) thumb).		
Signature of the candidate	Janen 1			
Place - A mac avecti				
Date - 16104123				

वैद्यक्रिय अधिकारी प्राथमिक आरोग्य केंद्र नेरे (भोर). ता. भोर. जि. पुणे

Name & signature of the Medical Officer

I certify that I have carefully examined Mr./Ms./Mrs. Pingu	Kumar
Son / daughter of Mr. Kirtan Kumar. Based on the examination, I certify that he / she is in good mental a from any physical defects which may interfere with his / her studie duties required of a professional.	Whose signature given below. and physical health and is free
Marks of identification - Mble on (If have	
Signature of the candidate - Thou	
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Place - Binar	
Date - 16 [04] 23	
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वैद्यक्तिय अधिकारी	
प्राथमिक आरोग्य केंद्र नेरे (भोर). ता. भोर, जि. पुणे	
Name & signature of the Medical Officer	
With seal and registration number	

I certify that I have carefully examined Mr./Ms./Mrs. Pushpooded Pal
Son / daughter of Mr
Marks of identification - Mole on Necle.
Signature of the candidate - Deshouded .
Place - Bahaducgad, Ijahad, Up
Date - 16104123
1 15,

Name & signature of the Medical Officer

प्राथमिक आरोग्य केंद्र नेरे (भोर). ता. भोर. जि. पुणे

		Albial 1	42
certify that I have carefully exami	ned Mr./Ms./Mrs	FI bru shelc	morg,
Son / daughter of Mr. Suff. Based on the examination, I certify	r mozza.	Whose sig	nature given below.
Based on the examination, I certify	that he / she is in g	ood mental and physica	al health and is free
from any physical defects which ma	ay interfere with his	/ her studies including	the active outdoor
duties required of a professional.			
		- 1-14	
Marks of identification	sle on (U	g slowdr.	
Signature of the candidate	hishek.		
J.,			
Place - chandovali, a	. 6		
Place - Chulidova ,	4		
Date - 16104123			
A 10			

Name & signature of the Medical Officer With seal and registration number

वैद्यिकिय अधिकारी प्राथमिक आरोग्य केंद्र नेरे (भोर). ता. भार, जि. पुणे

	mas Tive	atu sal	a revi	,
I certify that I have carefully examined Mr./Ms. Son / daughter of Mr. Rhing 300 m. Based on the examination, I certify that he / she from any physical defects which may interfere v duties required of a professional.	is in good ment	Whose sig	nature given i al health and i	pelow. s free tdoor
Marks of identification - MOLE ON C	luin.			
Signature of the candidate - Hvafer.				
Place - Amzovati				
Date - 16104123				
वेद्धांकय अधिकारी प्राथमिक आरोग्य केंद्र नेरे (भोर). ता. भोर. जि. गुणे				
Name & signature of the Medical Officer With seal and registration number				

I certify that I have carefully examined Mr./Ms./Mrs. <u>Syndar singh.</u> Son / daughter of Mr. <u>Buddu singh.</u> Whose signature given	
Son / daughter of Mr. <u>Gudu Singh</u> . Whose signature given Based on the examination, I certify that he / she is in good mental and physical health and from any physical defects which may interfere with his / her studies including the active ouduties required of a professional.	is free
Marks of identification - MOLe ey RF arm.	
Signature of the candidate - <u>Servolar</u> .	
Place - Vi) as pur.	
Date - 16 104 23	
वैद्यक्तिय अधिकारी प्राथमिक आरोग्य केंद्र नेरे (भोर). ता. भोर, जि. पुणे	
Name & signature of the Medical Officer	
With seal and registration number	

I certify that I have carefully examined Mr./Ms./Mrs. Prabhakar Wokole.
I certify that I have carefully examined with yish in the second of the
Son / daughter of Mr. Yeshwan wolcole. Whose signature given below. Based on the examination, I certify that he / she is in good mental and physical health and is free from any physical defects which may interfere with his / her studies including the active outdoor duties required of a professional.
Marks of identification - male on backside of Neck. Signature of the candidate - Doubhkar.
Place - Tal-Balapur, Akola.
Date16 04 2023

वैद्यक्तियं अधिकारी प्राथमिक आरोग्य केंद्र नेरे (भोर). ता. भोर. जि. पुणे

I certify that I have carefully examined Mr./Ms./Mrs. Pajkumar 5	lě
Son / daughter of Mr. Rajendea 5000 Whose signature given below	
Based on the examination, I certify that he / she is in good mental and physical health and is free from any physical defects which may interfere with his / her studies including the active outdoor	
duties required of a professional.	
Marks of identification - Mole on (b) pam	
Marks of identification -	
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Signature of the candidate - Kar CWCV	
righahad	
Place - Jahabaa	
Date	
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वैद्यक्रिय अधिकारी	
प्राथमिक आरोग्य केंद्र नेरे (भोर).	
ता. भोर. जि. पुणे	
Name & signature of the Medical Officer	
With seal and registration number	

	I certify that I have carefully examined Mr./Ms./M/s. Krishng	Per P)
	Son / daughter of Mr. Whose signature Based on the examination, I certify that he / she is in good mental and physical he	re given below. alth and is free
	from any physical defects which may interfere with his / her studies including the duties required of a professional.	active outdoor
	Marks of identification - MOle on & High	4.
	Signature of the candidate - Knysker	
	Place - Bihar	
	Date - 2 16/04/2 3.	
	3luhi	
	वैद्यिक्य अधिकारी	
प्राथ	मिक आरोग्य केंद्र नेरे (भोर).	
	ता. भोर, जि. पुणे	

Name & signature of the Medical Officer