

Medical Certificate

I certify that I have carefully examined Mr./Ms./Mrs. Rayan kumar.

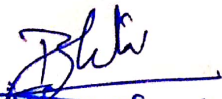
Son / daughter of Mr. Bharar Kumar. Whose signature given below.
Based on the examination, I certify that he / she is in good mental and physical health and is free from any physical defects which may interfere with his / her studies including the active outdoor duties required of a professional.

Marks of identification - mark on Neck.

Signature of the candidate - Rayan

Place - Bihar

Date - 16/04/23


वैद्यकीय अधिकारी
प्राथमिक आरोग्य केंद्र नरें (भोर),
ता. भोर, जि. पुणे

Name & signature of the Medical Officer

With seal and registration number



Medical Certificate

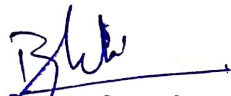
I certify that I have carefully examined Mr./Ms./Mrs. Somuzu Bahder Padani
Son / daughter of Mr. Bahder padani Whose signature given below.
Based on the examination, I certify that he / she is in good mental and physical health and is free
from any physical defects which may interfere with his / her studies including the active outdoor
duties required of a professional.

Marks of identification - mark on scalp

Signature of the candidate - Sameri

Place - Mirzapur, up.

Date - 16/04/23


वैद्यकीय अधिकारी
प्राथमिक आरोग्य केंद्र नरे (भोर).
ता. भोर, जि. पुणे

Name & signature of the Medical Officer

With seal and registration number



Medical Certificate

I certify that I have carefully examined Mr./Ms./Mrs. Ankit Bagade.

Son / daughter of Mr. Daltray Bagade. 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 (R) High.

Signature of the candidate - Ankit

Place - Sangeli

Date - 16/04/23

Juli

वैद्यकीय अधिकारी
प्राथमिक आरोग्य केंद्र नरे (भोर),
ता. भोर, जि. पुणे

Name & signature of the Medical Officer

With seal and registration number



Medical Certificate

I certify that I have carefully examined Mr./Ms./Mrs. Kuldeep Kumar
Son / daughter of Mr. Guchamda Kumar 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 (R) ear

Signature of the candidate - Kuldeep

Place - Chitrakut, UP

Date - 16/04/23

Bhuli
वैद्यकीय अधिकारी
प्रथमिक आरोग्य केंद्र नरें (भोर),
ता. भोर, जि. पुणे

Name & signature of the Medical Officer

With seal and registration number

Medical Certificate

I certify that I have carefully examined Mr./Ms./Mrs. Nitaj Kumar

Son / daughter of Mr. Radheshyam Kumar 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 Back

Signature of the candidate - Nitaj

Place - Ravidanager, 4P

Date - 26/04/23

Bhuti

वैद्यकीय अधिकारी
प्राथमिक आरोग्य केंद्र नरें (भोर),
ता. भोर, जि. पुणे

Name & signature of the Medical Officer

With seal and registration number

Medical Certificate

I certify that I have carefully examined Mr./Ms./Mrs. sachin kumar

Son / daughter of Mr. prasad kumar 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 - mdle on (R) arm

Signature of the candidate - Sachin

Place - chandaveli, UP

Date - 26/04/23

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

Name & signature of the Medical Officer

With seal and registration number



Medical Certificate

I certify that I have carefully examined Mr./Ms./Mrs. Ranjam sudandea kumar.

Son / daughter of Mr. sudandea kumar. 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 back.

Signature of the candidate - Ranjam

Place - Jabarpur

Date - 16/04/23

Bhik'
वैद्यकीय अधिकारी
प्राथमिक आरोग्य केंद्र नरे (भोर),
ता. भोर, जि. पुणे

Name & signature of the Medical Officer

With seal and registration number



Medical Certificate

I certify that I have carefully examined Mr./Ms./Mfs. Nandev Akharel

Son / daughter of Mr. Liva Akharel 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 back of Neck

Signature of the candidate - Nandev

Place - Ambarati

Date - 16/04/23

Bhuti
वैद्यकिय अधिकारी
प्राथमिक आरोग्य केंद्र नरें (भोर).
ता. भोर. जि. पुणे

Name & signature of the Medical Officer

With seal and registration number



Medical Certificate

I certify that I have carefully examined Mr./Ms./Mrs. Rahul Kumar Tiwari

Son / daughter of Mr. Ghanshyam Tiwari 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 back.

Signature of the candidate - Rahul

Place - Mirzapur, UP

Date - 16/04/23

Bhuti
वैद्यकीय अधिकारी
प्राथमिक आरोग्य केंद्र नरें (भोर).
ता. भोर. जि. पुणे .

Name & signature of the Medical Officer

With seal and registration number



Medical Certificate

I certify that I have carefully examined Mr./Ms./Mrs. makeesh singh

Son / daughter of Mr. Anbaral 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 (L) shoulder.

Signature of the candidate - Makeesh.

Place - vilaspur.

Date - 16/04/23

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

Name & signature of the Medical Officer

With seal and registration number



Medical Certificate

I certify that I have carefully examined Mr./Ms./Mrs. Tosham Singh.

Son / daughter of Mr. moharaj 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 forehead.

Signature of the candidate - Tosham

Place - vilaspar

Date - 16/04/23

Bhili
वैद्यकीय अधिकारी
प्राथमिक आरोग्य केंद्र नरें (भोर).
ता. भोर, जि. पुणे

Name & signature of the Medical Officer

With seal and registration number



Medical Certificate

I certify that I have carefully examined Mr./Ms./Mrs. haganan santu maraskar.

Son / daughter of Mr. santu maraskar. 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 (LH) thumb.

Signature of the candidate - haganan

Place - A. macaveti

Date - 16/04/23

Bhuti
वैद्यकीय अधिकारी
प्राथमिक आरोग्य केंद्र नरे (भोर).
ता. भोर, जि. पुणे

Name & signature of the Medical Officer

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Medical Certificate

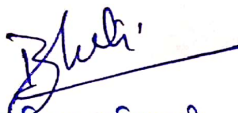
I certify that I have carefully examined Mr./Ms./Mrs. Pindya Kumar
Son / daughter of Mr. Kirtan Kumar. Whose signature given below.
Based on the examination, I certify that he / she is in good mental and physical health and is free from any physical defects which may interfere with his / her studies including the active outdoor duties required of a professional.

Marks of identification - mole on (L) hand

Signature of the candidate - Pindya

Place - Bihar

Date - 16/04/23


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

Name & signature of the Medical Officer

With seal and registration number



Medical Certificate

I certify that I have carefully examined Mr./Ms./Mrs. Pushpavida Patil

Son / daughter of Mr. Vijayshyam 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 - mark on neck .

Signature of the candidate - Pushpavida .

Place - Behadurgad, Jabalpur

Date - 16/04/23

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

Name & signature of the Medical Officer

With seal and registration number



Medical Certificate

I certify that I have carefully examined Mr./Ms./Mrs. Abhishek mozja.

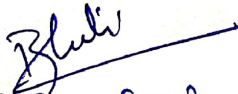
Son / daughter of Mr. Sufir mozja. Whose signature given below.
Based on the examination, I certify that he / she is in good mental and physical health and is free from any physical defects which may interfere with his / her studies including the active outdoor duties required of a professional.

Marks of identification - mole on (L) shoulder.

Signature of the candidate - Abhishek.

Place - Chandavali, up.

Date - 16/04/23


वैद्यकीय अधिकारी
प्राथमिक आरोग्य केंद्र नरें (भोर).
ता. भोर, जि. पुणे

Name & signature of the Medical Officer

With seal and registration number



Medical Certificate

I certify that I have carefully examined Mr./Ms./Mrs. Jirata salami

Son / daughter of Mr. Bhina salami 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 chin.

Signature of the candidate - Jirata.

Place - Amravati

Date - 16/04/23

Bhina
वैद्यकीय अधिकारी
प्राथमिक आरोग्य केंद्र नरें (भोर).
ता. भोर, जि. पुणे

Name & signature of the Medical Officer

With seal and registration number



Medical Certificate

I certify that I have carefully examined Mr./Ms./Mrs. Sundar Singh.

Son / daughter of Mr. Buddu 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 (RA) arm.

Signature of the candidate - Sundar.

Place - Vijaspur.

Date - 16/04/23

Bhaskar
वैद्यकीय अधिकारी
प्राथमिक आरोग्य केंद्र नरें (भोर).
ता. भोर, जि. पुणे

Name & signature of the Medical Officer

With seal and registration number



Medical Certificate

I certify that I have carefully examined Mr./Ms./Mrs. Prabhakar Wokole.

Son / daughter of Mr. yashwant wokole. 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 backside of Neck.

Signature of the candidate - Prabhakar.

Place - Tal-Balapur, Akola.

Date - 16/04/2023

Bhawali
वैद्यकीय अधिकारी
प्राथमिक आरोग्य केंद्र नरें (भोर).
ता. भोर, जि. पुणे

Name & signature of the Medical Officer

With seal and registration number



Medical Certificate

I certify that I have carefully examined Mr./Ms./Mrs. Raj Kumar Sazoj

Son / daughter of Mr. RA Jendra Sazoj 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 (U) pan

Signature of the candidate - Raj Kumar

Place - Mumbai

Date - _____

Bhuti
वैद्यकीय अधिकारी
प्रार्थमिक आरोग्य केंद्र नरे (भोर).
ता. भोर, जि. पुणे

Name & signature of the Medical Officer

With seal and registration number

Medical Certificate

I certify that I have carefully examined Mr./Ms./M/s. Krishna Ram

Son / daughter of Mr. Sanjay Ram 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 (R) thigh.

Signature of the candidate - Krishna

Place - Bihar

Date - 16/04/23.

Bhuti
वैद्यकीय अधिकारी
प्राथमिक आरोग्य केंद्र नरे (भोर).
ता. भोर, जि. पुणे

Name & signature of the Medical Officer

With seal and registration number
