



NAVAL KINDERGARTEN

Varunapuri, Vasco-da-Gama, Goa - 403802

FORM 2B **(IN CONTINUATION TO THE ADMISSION FORM)**

MEDICAL FITNESS CERTIFICATE

(To be obtained only from Gazetted Government Medical Officer / Medical Officer of Govt Undertaking)
(Kindly fill in Block Letters)

Name of Student: _____

Father's Name: _____ Mother's Name: _____

Blood Group: _____ Teeth: _____

Height: _____ Weight: _____

Chest (in cms): _____ Head (in cms): _____

Vision (left eye): _____ Vision (right eye): _____

Hearing: _____ Speech: _____

Allergies, if any: _____

Any special condition: _____

Any other remarks: _____

After careful personal examination of the case, I do hereby certify that _____
son / daughter of _____ is found physically fit to undergo conventional schooling.

Name of Doctor: _____ Mobile No.: _____

Name of Hospital: _____ Date & Seal: _____

VII

FOR OFFICE USE ONLY

(TO BE SUBMITTED TO CLASS TEACHER)

Admitted _____ in Class/Sec _____ on _____ 2026/27.

ID Card – Given / Not given

Escort Pass – Given / Not given

Almanac – Given / Not given

Calendar – Given / Not given

School Seal

Date

Signature of Office Assistant