

MEDICAL CERTIFICATE

1. It is certified that Master/Miss _____ Age _____ (Years)
Son/daughter of _____ Address _____
_____ is not suffering from my disease OF has been in
contact with any contagious disease.

2. He/She has been given protective Inoculation/Vaccination as under :
Protective Inoculation/Vaccination date
(a) Small Pox Vaccination _____
(b) Triple Antigen (upto 5 yrs) _____
(c) TAB _____
(d) Tetanus Toxoid _____

Signature of Medical

Officer

Dated _____

No. _____
Name & Full Address

EMPLOYMENT CERTIFICATE/SERVING CERTIFICATE

(For fee Fixation)

1. It is certified that Master/Miss _____ who has applied
for admission to class _____ in Army Public School, Jalandhar Cantt and whose date of birth is
_____ is the son/ daughter of No. _____ Rank _____
Name _____ as per service documents. He/She who is now serving
in _____ (Unit)

2. He is on regular employed _____ (Department) and is being
paid out of Defence Estimates. His pay scale is Rs. _____ and his status is equal to
that of Offr/JCO/OR in the Army.

Head Clerk _____

Signature of Commanding Officer/
Head of the Dept.
Please affix official rubber stamp
Dated _____