



F. No. NESTS/EMRS/Admissions/140/2021-22/ Dated: 12th February, 2026

2023

The Nodal Officer

State/UTs EMRS Society

(As per list).

Subject:- Medical Health Record Certificate-reg.

With reference to the above subject, it is to convey that in order to record and maintain the health status of EMRS students for early identification of medical conditions, preventive healthcare, and effective medical management during residential schooling, a Medical Health Record Certificate format has been prepared and is attached herewith as *Annexure-I*.

Additionally, the Medical Health Record Certificate shall be obtained at the time of admission or within 21 days thereafter, in parallel with the admission process for the academic session 2026-27, for both direct admissions and lateral entry. The certificate is to be obtained for record purposes and shall not be treated as a condition for admission. In genuine cases, the Principal may extend the timeline to ensure submission without any hardship to the student.

In this regard, it is requested to disseminate the instruction to all respective EMRSs to comply with the above instructions and obtain the certificate of the students admitted in the academic session 2026-27.

This issues with the approval of the Competent Authority.

Encl: As above.

- Sd -

(Vipin Kumar)

Joint Commissioner

Copy to:-

1. The Principal, all EMRSs for information and necessary compliance please.

Medical Health Record Certificate

Eklavya Model Residential School _____ District: _____ State: _____

1. Name of the Candidate : _____
2. Father's Name : _____
3. Address : _____
4. Date of Birth : _____
5. Height and Weight : _____
6. Abdomen (General Examination): _____
7. Chest (General Examination) : _____
8. Vision (With/Without Correction)
Left Eye : _____ Right Eye: _____
9. Ears : _____
10. Throat : _____
11. Locomotor System : _____
12. Blood Pressure (BP) : _____
13. Cardiovascular System (Heart Function): _____
14. Respiratory System : _____
15. Genito-Urinary System : _____
16. Nervous System : _____
17. Allergies (Drug/Food/Environmental): _____
18. State of Vaccination : _____
19. Skin : _____
20. Blood Group : _____
21. Dental Hygiene : _____
22. Blood Disorders
(Sickle Cell Anaemia / Haemophilia / Others): _____
23. Communicable Disease
(TB / Hepatitis-A / Hepatitis-B / Others) : _____
24. Congenital / Chronic Diseases:
(Acute Appendicitis / Congenital Heart Disease / Others) : _____
25. Epilepsy (under treatment/controlled/not applicable) : _____
26. Any past history of serious illness including surgery : _____
27. Is under regular/periodical medication for any ailments : _____

Remarks (if any, For Medical Care Purpose):



Photograph of the Student
(Attested with thumb impression)

Signature of Civil Surgeon: _____
Office Seal: _____
Name & Designation: _____
Date: _____

Note:- This Medical Health Record Certificate is obtained solely for student health records and medical management during residential schooling. The Medical Health Record Certificate should not be older than one month from the date of its issue.