

**Govt. Dental College and Hospital,
Paithna, Rahui, Nalanda-803118**

Medical Test Report

PHOTO

Name of the Candidate :-

Father's Name :-

Category and Merit Serial No-SC/ST/BC/RCG/GEN :-

Date of Birth

Identification Mark :-

Height :-

Weight :-

*Chest :-

Expen :-

Normal ;-

Heart :-

Lungs: -

*Vision

*ENT

Eye Disease, if any:-

Whether Fit or UNFIT:-

Signature of Candidate

Medical officer

Signature with stamp

Form EYE/ENT/MEDICINE OF Deptt. Of GDCH, Nalanda.