

## MEDICAL ANTECEDENTS

### UNDERTAKING

We, Shri. \_\_\_\_\_ (father) & Shrimati \_\_\_\_\_  
(mother), the parents of Master/Miss \_\_\_\_\_, a  
selected 01010102416

\_\_\_\_\_ do hereby declare that our ward doesn't suffer from any of  
the medical ailments listed below.

1. Head Injuries
2. Puo- Intermittent
3. CHD- Congenital Heart Disease
4. AA – Acute appendicitis
5. Epliepsy – Convulsions (Injury, Fever)
6. Blood Disorders (Sickle cell Anemeia, Haemophillia)
7. Communicable Diseases (TB, Hepatitis A & B)
8. Skin Disease.

We further declare that our ward Master/Miss \_\_\_\_\_ doesn't have any  
previous medical history which required/still requires prolonged or intermittent  
periods of medical confinement either in a hospital/nursing home or in our  
house.

Certified that the information furnished above is true to the best of our  
knowledge. Any wilful suppression or false information on the medical  
antecedents revealed later, would make the admission of our ward invalid and  
liable for actions as deemed fit by the Vidyalaya and Navodaya Vidyalaya Samiti.

PLACE:

FATHER'S SIGN

DATE:

NAME:

MOTHER'S SIGN:

NAME:

ADDRESS: