

MOTILAL NEHRU SCHOOL OF SPORTS
RAI (SONIPAT)-131029

DATE: 27.06.2024

FINAL RESULT
CLASS 5TH (2024-25)

21	30	64	128	130	137	177	189	197	229
234	254	266	274	295	302	319	418	486	506
561	569	584	621	644	651	658	694	736	747
802	827	841	846	855	860	864	869	872	877
878	879	881	894	896	901	912	915	916	918
921	922	923	932	934	935	939	942	944	949
951	954	969	976	989	993	996	1001	1002	1003
1011	1012	1014	1015	1016	1020	1022	1023	1029	1030
1037	1038	1042	1049	1056	1061	1063	-----	-----	-----

CLASS 6TH

1161	1620	----	----	----
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CLASS 7TH

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CLASS 8TH

1898	-----	-----	-----	----
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CLASS 9TH

1726	1792	1798	1929	-----
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Note:- The above roll numbers are directed to get their medical examination done from the Civil Hospital of the concerned district and submit it to the office by **04.07.2024**. Performa for **MEDICAL EXAMINATION FORM IS ATTACHED** with the result and all the selected candidates are advised to prepare their documents as accordingly.

SD/-

PRINCIPAL & DIRECTOR
MNSS, RAI

MOTILAL NEHRU SCHOOL OF SPORTS, RAI – 131029
DISTT. SONIPAT (HARYANA)

(Being run by Sports and Youth Affairs Dept, Govt. of Haryana)

Affix your recent
passport size
photograph. It should
be attested by Chief
Medical Officer of
respective district.
Cross signed
photograph

MEDICAL INSPECTION FORM

Date of Birth _____

Roll No. _____ Name _____ Class _____

Height _____ Weight _____ Chest _____

Aadhar Card No _____

1. **VISUAL STANDARDS :** **RIGHT EYE** **LEFT EYE**

Distant Vision

Near Vision

Colour Vision

Field of Vision

Binocular Vision

Squint

(*Refer to Medical Standard Point 1- a to f for detailed information)

SIGNATURE

2. **E.N.T. REPORT**

(*Refer to Medical Standard for detailed information)

SIGNATURE

3. **MEDICAL REPORT**

(*Refer to Medical Standard for detailed information)

SIGNATURE

4. **SURGICAL REPORT**

(*Refer to Medical Standard for detailed information)

SIGNATURE

5.

SR NO	OBSERVATIONS	REMARKS
1	ANY SIGN OF MURMUR*	
2	FLAT FEET *	
3	KNOCK KNEES*	
4	CARRYING ANGLE OF ELBOW*	

(*Refer to Medical Standard Point 2(h), 2(q) & 2(e) for detailed information)

CERTIFIED THAT THE CANDIDATE IS MEDICALLY **FIT / UNFIT.**

SIGNATURE

DATED : _____

CIVIL SURGEON

NOTE:- DETNAL CHECK UP WILL BE ONLY DONE IF REQUIRED FOR AGE VERIFICATION, AND THAT TOO UNDER THE MNSS, RAI AUTHORITY ON PHYSICAL JOINING.