

From:

To

The Principal
Sainik School
Kapurthala

REQUEST FOR REVIEW MEDICAL EXAMINATION

Sir,

My son, _____ (name) , _____(Roll No) appeared for medical examination at Section Hospital, Kapurthala and declared temporarily unfit.

I would like to apply for review medical. The requisite fee is paid vide demand draft / cash receipt No _____ dated _____ for Rs 100/-.

Kindly grant me permission. I will produce relevant medical certificate to the Board on reporting date.

I shall be grateful.

Thanking you

Yours sincerely,

Mobile Number for contact