



SENA BHARTI KARYALAYA, AGRA (UP)



Bharti karyalaya, Agra (UP) dwara zila Agra, Aligarh, Mathura, Hathras, Kasganj, Firozabad ke yuvao ke liye bhartiya sena mein bharti 17th March 2020 se 06th April 2020 tak Eagle Ground, Mathura Cantt mein honi thi jo ki COVID-19 ke vajah se raddh kiya gya tha. Atah sena bharti rally joki Eagle Ground, Mathura mein honi thi woh abhi **Anand Engineering College, Keetham (Agra)** mein **15 February 2021 se 05 March 2021** tak hogi. Naya sena bharti prakriya ke liye naya pravesh patra jari kiye jayenge. Sabhi abhyarthen ko suchit kiya jata hain ki woh aane wale naye bharti rally ki pravesh patra ke hetu apne registered e-mail evam **www.joinindianarmy.nic.in** par janch karein. Sabhi abhyarthen sena bharti prakriya mein bhag lene ke liye "COVID-19 Free/Symptomatic Certificate" aur "No Risk Certificate" sath leke aana anibariya hai jo ki 48 ghante ke andar jari kiya hona chahiye. Woh **prman patra na hone par** abhyarthen ko sena bharti prakriya mein bhag lene **nahi diya jayega**. Uprokt praman patra ka format **www.joinindianarmy.nic.in** website par uplabdh kiya gya hai.

MEDICAL CERTIFICATE
COVID-19 FREE/ASYMPTOMATIC CERTIFICATE

I, Dr _____ of _____
(Name of Government Hospital) is a registered medical practitioner and holding medical
license registered number _____ have
examined Mr _____ son of _____ on
date _____ 2021 and have found Mr _____ free from the
following diseases : CORONA VIRUS Disease: COVID-19 currently asymptomatic.

Dated :

Stamp of Govt Hospital

(Signature of Doctor with Stamp)
(Dr _____)
Sector _____ Teh _____
Distt _____ State _____
PIN - _____

Note : Asymptomatic certificate should have proper stamp of Government Hospital and
Doctor with registration Number of Doctor.

NO RISK CERTIFICATE

It is certified that Mr _____ Roll No
_____ a candidate for _____ recruitment
rally, hereby certify that I have no COVID-19 symptoms. I fully understand that travel to
rally venue is at my own risk and or my parents/guardians shall not be entitled to claim any
compensation or reconsideration for participation in the same rally or any other relief from
the Government if I am infected with COVID-19 during my transit or during my selection
process in the rally.

Date :

(Signature of the candidate)

COUNTERSIGNED

Place :

Date :

(Signature of Parent/Guardian)
Name _____