

MEDICAL CERTIFICATE

I have, this day, medically examined Shri.....
.....(Name&Address) and
found that he has no disease or infirmity which would render him unsuitable for Government
Service. His age according to his own statement , is.....and by appearance, is
.....years. His standards of vision (without glasses) are as follows.

Standards of Vision

	Right Eye	Left Eye
(I) Distant Vision Snellen Snellen
(II) Near Vision Snellen Snellen
(III) Field of Vision

(Specify whether field or vision is full or not. Entries such as 'Normal', 'Good' etc are inappropriate here)

- (IV) Colour blindness
- (V) Squint
- (VI) Any morbid condition of the eyes or lids of either eye.....
- (VII) He is physically fit for the post of Assistant Jailor Grade I in the Jail Department.

Signature:

Name and Designation
of the Medical Officer

Place:

Date:

(Office Seal)

Note: 1.Details regarding standards of vision should be clearly stated in the certificate as given above, and vague statements such as vision "Normal", "Average" etc. will not be accepted. Specification for each eye should be stated separately against each item.

2. The Medical Certificate should be one obtained from a Medical Officer not below the rank of an Assistant Surgeon