

**FORM OF MEDICAL CERTIFICATE REGARDING VISION FOR THE POST OF
DRIVER CUM OFFICE ATTENDANT(LMV)**

(To be filled up by an ophthalmologist in Government Service)

1. Is there any defect of vision ?

If so has it been corrected by suitable spectacles so that the distant Vision 6/6 snellen and near vision is 0.5 snellen ?

2. Can the applicant readily distinguish the pigmentary colours red and green?

3. Does the applicant suffer from any night blindness?

I have this day medically examined Shri..... and found that he has no defect of vision which would render him unsuitable for the post of Driver Cum Office Attendant (LMV) and his standard of vision are as follows.

Standard of Vision

(Eye sight without glasses)

	Right Eye	Left Eye
1. Distant Vision	Snellen.....	Snellen
2. Near Vision.....	Snellen.....	Snellen
3. Field of Vision.....		

(Specify whether Full or not. Entry 'Normal' 'Good' etc. will be inappropriate here)

4. Colour blindness

5. Squint

6. Any morbid condition of the eye or lids of either eye

His standard of vision are fit for the post of Driver Cum Office Attendant (LMV)

I certify to the best of my knowledge and belief that the applicant

Shri..... is the

person herein above described and that the attached photograph has a reasonable correct likeness
(The signature of the Ophthalmologist shall be affixed on the photograph leaving the face clear).

Signature

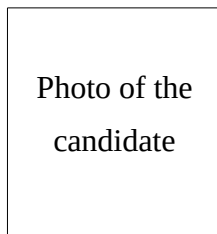


Photo of the
candidate

(Seal)

Name:

Designation &

Official Address

Place:

Date: