

MEDICAL CERTIFICATE

I have, this day, medically examined Shri.....
.....
..... (Name and address) and found that he has no diseases 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 of vision is full or not. Entries such as Normal, Good etc are inappropriate here)

- (iv) Colour Blindness
- (v) Squint
- (vi) Any morbid conditions of the eye or Lids of Either eye
- (vii) He is physically fit for the post Fireman Driver-Cum-Pump Operator (Trainee) (SR for SC/ST) in Fire & Rescue Services Department and has the capacity to do rough outdoor work.

Signature

Place :

Date :

Name and Designation of
the Medical Officer

(Office Seal)

Note: Details regarding standards of vision should be clearly stated in the Certificate as given above and vague statement such as Vision 'Normal' 'average' etc will not be accepted. Specification for each eye should be stated separately against each item. If the specification are not as indicated above, the officers issuing the Certificate should certify whether the candidate has got better standards of vision or worse standards of vision, as the case may be, otherwise the Certificate will not be accepted.