

**FORM OF MEDICAL CERTIFICATE REGARDING VISION FOR THE POST OF  
DRIVER CUM OFFICE ATTENDANT (Medium/Heavy Passenger / Goods Vehicle)**

(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 is 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 Sri. .... and found that he has no defect of vision which would render him unsuitable for the post of **Driver Cum Office Attendant (Medium/Heavy Passenger / Goods Vehicle)** and his standards of vision are as follows:

**Standards of Vision (Eye sight without Glasses)**

	<b>Right Eye</b>	<b>Left Eye</b>
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 eyes or lids of either eye .....

His standards of vision are fit for the post of **Driver Cum Office Attendant (Medium/Heavy Passenger / Goods Vehicle)**

I certify to the best of my knowledge and belief that the applicant Sri..... is the person herein above described and that the attached photograph has a reasonably correct likeness. **(The signature of the Ophthalmologist shall be affixed on the photograph leaving the face clear).**

**Signature**

**Photo of the  
candidate**

Place :

Date :

**Name**

**Designation &  
Official Address**

**(Office Seal)**

**Note:-** Details regarding standards of vision shall be clearly stated in the Certificate as given above and vague statements such as Vision 'Normal' etc. will not be accepted. Specification for each eye should be stated separately. Special attention should be directed to the distant vision. Required standards of vision are as follows:

	<b>Right Eye</b>	<b>Left Eye</b>
(i) Distant Vision	6/6 Snellen	6/6 Snellen
(ii) Near Vision	0.5 Snellen	0.5 Snellen

**Each eye must have full field of vision.**