

FORM OF MEDICAL CERTIFICATE

I have this day medically examined Smt/Kumari .....

.....  
(Name & address) and found that she has no disease or infirmity, which would render her unsuitable for Government Service. She is free from physical defects like knock-knee, flat foot, Varicose vein, bow legs, deformed hands limbs, irregular and protruding tooth and defective speech and hearing. Her age according to her own statement is ..... and by appearance is ..... and her standards of vision is as follows.

**Standards of Vision**  
**(without glasses)**

	<b><u>Right Eye</u></b>	<b><u>Left Eye</u></b>
1. Distant Vision	.....Snellen	.....Snellen
2. Near Vision	.....Snellen	.....Snellen
3. Field of Vision	.....	

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

- 4. Colour Blindness .....
- 5. Squint .....
- 6. Any morbid condition of the eyes or lids of either eye .....

She is physically fit for the post of Woman Police Constable in the Police Department.

Place: \_\_\_\_\_ Signature \_\_\_\_\_  
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/good will not be accepted. Specification for each eye should be stated separately. If the specifications are not as indicated above, the officer 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.