MEDICAL CERTIFICATE

[to be obtained from a Medical Officer not below the rank of a **Civil Surgeon**]

I have this day, medically examin		
(Name & Address) and found that he ha		
for Government Service. His age, accor	ding to his own statement is	and by appearance is
His standards of vision are as for	ollows:-	
I. STANDARDS OF VISION (without	t glasses)	
,	Right Eye	Left Eye
1. Distant Vision	Snellen	Snellen
2. Near Vision	Snellen	Snellen
3. Field of Vision		
	[Specify whet	her Full or Not]
	(Entry 'Normal', 'Good', 'Average' etc., will be inappropriate here)	
4. Colour Blindness		
5. Squint		
6. Any morbid conditions of the eye or l	id of either eye	
II. IDENTIFICATION MARKS	J	
1		
1	•••••••••••	•••••
2		
He is Physically Fit for the post of	of	in
	Depai	tment.
I certify to the best of	, G	belief that the applicant
Sri	<u>-</u>	ve described and that the attached
photograph has a reasonably correct likeness		
Photo of the Candidate		
	N 0.D '	Signature
(The signature of the Medical off	Name & Desigr icer shall be affixed on the photograph le	nation of the Medical Officer
(The attesting authority n	nust be not below the rank of a	
Place: Date:		
- u.c.	(Office Seal)	

<u>Note:</u> Details regarding Standards of vision should be clearly stated in the Certificate, as given above. Vague statements such as vision "normal", "good", "average" etc., will not be accepted. Specification for each eye should be stated separately. If the specifications are not as indicated above, the Certificate will not be accepted.