

**FORM OF MEDICAL CERTIFICATE**

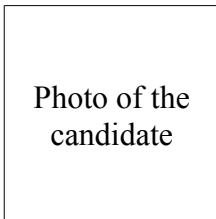
(To be obtained from Medical Officer not below the rank of a Civil Surgeon Grade II)

I have this day, medically examined Shri.....(Address) and found that he has no disease or infirmity, which would render him unsuitable for Government Service. His age, according to his own statement is ..... and by appearance is ..... and his standards of vision (without glasses) are as follows.

<b>I. STANDARDS OF VISION (Eye sight without glasses)</b>		
	<b>Right Eye</b>	<b>Left Eye</b>
1. Distant Vision	..... Snellen	..... Snellen
2. Near Vision	..... Snellen	..... Snellen
3. Field of Vision	.....	.....
	(Specify whether <b>full</b> or <b>not.</b> ) Entry 'normal' 'good' etc., will be inappropriate here.)	
4. Color Blindness.....		
5. Squint .....		
6. Any morbid conditions of the eye or lid of either eye .....		
<b>II. IDENTIFICATION MARKS</b>		
1. ....		
2. ....		

He is physically fit for the post of Fire & Rescue Officer (SR for SC/ST) (Cat. No. 617/2021) in Fire & Rescue Services Department & has the capacity to do rough outdoor work.

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.



Signature  
Name and Designation of the Medical Officer

Place:  
Date : (Office seal)

Note:- Details regarding standards of vision should be clearly stated in the Certificate, as given above. Vague statements 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 officer issuing the certificate should notify 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