FORM OF MEDICAL CERTIFICATE REGARDING VISION FOR THE POST OF MOTOR VEHICLE INSPECTOR (SR FOR SC/ST & ST ONLY)

(To be filled up by an Ophthalmologist not below the rank of Assistant Surgeon in Government Service)

	his day, medically examined S		
		`	•
	or infirmity, which would render		_
	s/her own statement is		and his/her
standards of vis	ion (without glasses) are as follo	OWS.	
	STANDARDS OF V	ISION (Eye sight without gla	asses)
		Right Eye	Left Eye
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. Color Blir	ndness		
5. Squint			
6. Any morb	id conditions of the eyes or lids	of either eye	
Marks of Identi	fication: 1)		
Uig / Ug	r standards of vision are fit for t	ha nost of Matar Vahiala Insp	easter (Cat. No. 610/2022) in
the Motor Vehic		ne post of Motor venicle hisp	ector (Cat. No. 010/2022) III
I certify	to the best of my knowledge as	nd belief that the applicant S	ri/Smt is the
•	bove described and that the att	11 /	
-	Ophthalmologist shall be affixe		,
signature or the	opininamiologist shan be arrive	a on the photograph leaving t	ne race cleary
Photo of the candidate			
Candidate		_	ature n of the Medical Officer
Place:		-	
Date:	(Office seal)		

Note:- Details regarding standards of vision should be clearly stated in the Certificate, as given above and 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 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.