## FORM OF MEDICAL CERTIFICATE

## (To be obtained from a Medical Officer not below the rank of an Assistant Surgeon/ Junior Consultant)

	<b>Standards of Vision</b> (without glasses)	
	Right Eye	Left Eye
1. Distant Vision	Snellen	Snellen
2. Near Vision	Snellen	Snellen
3. Field of Vision		
(Specify whether field of vision is	s full or not. Entries such as Norn	nal, Good etc are inappropriate here)
4. Colour Vision		
5. Night Blindness		
6. Squint		
7. Any morbid condition of the eyes or lids of either eye		
Marks of Identification .1)		

He/She is physically fit for the post of **Beat Forest Officer in the Forest Department.** 

I certify to the best of my knowledge and belief that the applicant Sri/Smt/Kum ..... (Name and

Address) is the person herein above described and that the attached photograph has a reasonably correct likeness. (The signature of the Medical Officer shall be affixed on the photograph leaving the face clear).

PHOTO OF THE CANDIDATE

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 and vague statement such as Vision 'Normal/Good/Average' will not be accepted. Specification for each eye should be stated separately. 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.