FORM OF MEDICAL CERTIFICATE

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

I have this day medically examined Sri.....

Standards of Vision

(without spectacles)

	<u>Right Eye</u>	<u>Left Eye</u>
(i) Distant Vision	Snellen	Snellen
(ii) Near Vision	Snellen	Snellen
(iii) Field of Vision		

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

(iv) Colour Blindness	
(v) Squint .	
(vi) Any morbid condition of the	
eyes or lids of either eye	
(vii) Marks of Identification	
1)	
2)	

He is Physically fit for the post of Electrician Police Constable in the Kerala Police (Motor Transport Wing) Department.

I certify to the best of my knowledge and belief that the applicant Sri.

(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)

<u>Note:</u>

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.