MEDICAL CERTIFICATE

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

I have this day, medically examined Sri..... …..... .....(Name & Address) and found that he has no disease or infirmity, his hearing is perfect, his muscles and joints are free from paralysis and all joints are with free movements and his nervous system is perfectly normal and free from any infectious diseases which would render him unsuitable for Government Service. His age, according to his own statement is ……and by appearance is …..... His standards of vision are as follows:-

I. STANDARDS OF VISION (without glasses)		
1. Distant Vision	Right Eye	Left Eye
	.....Snellen	.....Snellen
2. Near Vision	.....Snellen	.....Snellen
3. Field of Vision	.....	.....
	[Specify whether **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 lid of either eye. ….....		
II. IDENTIFICATION MARKS		
1. …….....……		
2. …….....……		

He is Physically Fit and have capacity for rough outdoor work for the post of …..... …….....in.....Department.

I certify to the best of my knowledge and belief that the applicant Sri …..... …..... ....(Name & Address) is the person herein above described and that the attached photograph has a reasonably correct likeness.

Photo of the Candidate

Signature
Name & Designation of the Medical Officer

(The signature of the Medical officer shall be affixed on the photograph leaving the face clear).

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. If the specifications are not as indicated above, the certificate will not be accepted.