

**FORM OF MEDICAL CERTIFICATE REGARDING VISION FOR THE POST OF  
DRIVER GR II(HDV)/DRIVER CUM OFFICE ATTENDANT (DIRECT)  
(CAT.NO.623/24) IN VARIOUS DEPARTMENTS**

(To be filled up by an Ophthalmologist in Government Service)

1. Is there any defect of vision?  
If so, has it been corrected by suitable spectacles so that the distant vision is 6/6 Snellen and near vision is 0.5 Snellen.
2. Can the applicant readily distinguish the pigmentary colours red and green?
3. Does the applicant suffer from any night blindness?

I have this day, Medically Examined Sri.....

.....(Name and Address) and found that he has no defect of vision which would render him unsuitable for the post of Driver Cum Office Attendant (LDV) and his standards of vision are as follows.

**Standards of Vision**

**(Eye Sight without Glasses)**

- |  | <b>Right Eye</b>   | <b>Left Eye</b> |
|--|--|-----------------|
| 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. Colour Blindness .....  |  |                 |
| 5. Squint .....  |  |                 |
| 6. Any morbid conditions of the eyes or lids of either eye ..... |  |                 |

His standards of vision are fit for the post of.....

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



Signature

Name , Designation &

Official Address of the Medical Officer

(Office seal)

Place:

Date: