File No: *Dated:*

FORM OF MEDICAL CERTIFICATE

I have this day medically examined Sri/Smt/Kum ..... …..... **(Name & Address)** and found that his/her hearing is perfect, his/her muscles and joints are free from paralysis and all joints are with free movements and his/her nerve system is perfectly normal and free from any infectious diseases which would renter him/her unsuitable for Govt. Services. He/She is free form physical defects such as knock-knee, flat foot, varicose vein, bow legs, deformed limbs, defective speech and hearing. His/Her age according to his/her own statement is ..... and by appearance is.....and his/her standards of vision is as follows.

Standards of Vision
(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 full or not. Entries such as normal, good etc are inappropriate here)

(4) Colour Vision ..... (Both Eyes)

(5) Night Blindness ..... (Both Eyes)

(6) Squint ..... (Both Eyes)

(7) Any morbid conditions of the eyes or lids of either eye ..... (Both Eyes)

(8) Identification Marks

1.

2.

He/She is Physically fit for the post of Beat Forest Officer in the Forest and Wildlife Department.

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

(Name & 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

Place:
Date:

Signature
(Name and Designation of the Medical Officer)
Regn. No.

(Office Seal)