

## **MEDICAL CERTIFICATE**

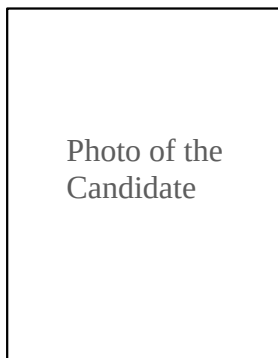
(To be obtained from Medical Officer not below the rank of an Assistant Surgeon/Junior Consultant)

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 nervous system is perfectly normal and free from any infectious diseases which would render him/her unsuitable for government services. He/She is free from 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.

| <b>1. STANDARDS OF VISION (without glasses)</b>                                                                       |               |               |
|-----------------------------------------------------------------------------------------------------------------------|---------------|---------------|
|                                                                                                                       | Right Eye     | Left Eye      |
| 1. Distant Vision                                                                                                     | ..... Snellen | ..... Snellen |
| 2. Near Vision                                                                                                        | ..... Snellen | ..... Snellen |
| 3. Field of Vision                                                                                                    | .....         | .....         |
| [Specify whether <b>Full</b> or <b>Not</b> ](Entries such as 'Normal', 'Good', 'Average' etc. are inappropriate here) |               |               |
| 4. Colour Vision .....                                                                                                |               |               |
| 5. Night Blindness .....                                                                                              |               |               |
| 6. Squint .....                                                                                                       |               |               |
| 7. Any morbid conditions of the Eyes or lids of either eye .....                                                      |               |               |
| <b>8. IDENTIFICATION MARKS</b>                                                                                        |               |               |
| 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/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.)



Place:

Signature :

Date:

(Office Seal)

Name & Designation of the Medical Officer

**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.