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 .....

(5) Night Blindness .....

(6) Squint .....

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

(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: Signature

Date: (Name and Designation of the Medical Officer)

(Office Seal)