

FORM OF MEDICAL CERTIFICATE

I have this day medically examined Sri.....
..... (Name & Address) and found that he has no disease or infirmity,
which would render him unsuitable for Government Service. His age according to his own
statement is and by appearance is and his standards
of vision is as follows.

Standards of Vision

(without glasses)

	Right Eye	Left Eye
ii) Distant VisionSnellen Snellen
iii) Near Vision Snellen Snellen
iv) Field of Vision	

(Specify whether field of vision is full or not. Entries such as Normal, Good etc are inappropriate here)

- v) Colour Blindness
- vi) Squint
- vii) Any morbid condition of the eyes or lids of either eye
.....

He is Physically fit for the post of Civil Excise Officer in the Excise Department.

Place:

Signature

Date :

Name and Designation of the Medical Officer

(Office Seal)

Note: Details regarding standards of vision should be clearly stated in the Certificate as given above and vague statement such as Vision Normal/good 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.