

***FORM OF MEDICAL CERTIFICATE**

I have this day, medically examined Sri/Smt./Kumari.....
and found that he/she has no disease or infirmity which would render him/her unsuitable for
Government Service. His/her age, according to his/her own statement isand
by appearance is and his/her standards of vision are as follows:

STANDARDS OF VISION

(Eye Sight without glasses)

Right Eye

Left Eye

1. Disitant Vision:-snellen

.....snellen

2. Near Vision: snellen

.....snellen

3. Field of vision :-;

(Specify whether full or not. Entry such as 'Normal', 'Good' etc. will be inappropriate here.)

3. Colour blindness:-

4. Squint:-

5. Any morbid conditions of the eye of lids of either eye:

He/she is physically fit for the post ofin
.....Department.

Place
Date

Signature:
Name and Designation
of the Medical Officer

(Seal)

Note:- Details regarding standards of vision should be clearly stated in the Certificate, as given above. Vague statements such as "vision normal"... etc. will not be accepted. Specification for each eye should be stated separately. If the specifications 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.

*** The Medical Certificate should be one obtained from a Medical Officer not below the rank of a Civil Surgeon.**