FORM OF MEDICAL CERTIFICATE

	I have this day medically ex	amined Sri	
			(Name & address) and found
that he	e has no disease or infirmity,	which would render him unsu	itable for Government Service. He
is free	from physical defects like l	knockknee, flat foot, Varicos	e vein, bow legs, deformed hands
limbs,	irregular and protruding too	th and defective speech and	hearing. His age according to his
own st	tatement is	and by appearance is	and his standards
of visi	on is as follows.		
	Standards of Vision (without glasses)		
		Right Eye	Left Eye
	i) Distant Vision	Snellen	Snellen
	ii) Near Vision	Snellen	Snellen
	iii) Field of Vision		
	iv) Colour Blindness		
	v) Squint	Squint	
	vi) Any morbid condition of the eyes or lids of either eye		
Inspec	He is physically fit for the tor in the Police Department.	post of Senior Civil Police o	officer/Havildar/Armed Police Sub
Place: Date:	(Office Seal)	Signature Name and Designation of the Medical Officer (Asst Surgeon/Junior Consultant in Govt. Service)	

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 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.