MEDICAL CERTIFICATE

[to be obtained from a Medical Officer not below the rank of an Assistant Surgeon/ Junior Consultant from a Govt.Hospital]

I have this day, medically exar	nined Sri	
(Name & Address) and found that he had for Government Service. He is free from Bow legs, Deformed limbs, Irregular age, according to his own statement vision are as follows:-	om physical defects like Knock- and Protruding teeth and Defec	knee, Flat foot, Varicose vein, tive speech and hearing. His
I. STANDARDS OF VISION (without	ut glasses)	
1. Distant Vision	Right Eye	Left Eye
	Snellen	Snellen
2. Near Vision	Snellen	Snellen
3. Field of Vision		
	[Specify whether Full or Not] (Entry 'Normal', 'Good', Average, etc., will be inappropriate here)	
4. Colour Blindness		•••••
5. Squint		••••
6. Any morbid conditions of the Eye o	r Lids of either eye	•••••
II. IDENTIFICATION MARKS		
1		
2		
410/2021)/Havildar(SR for ST only)(C	ledge and belief that the applicar	nt Sriame) is the person herein
Photo of the Candidate (The signature of the Me	Signation Name & Designation Pedical officer shall be affixed on the p	n of the Medical Officer
Date:	(Office Seal)	
	COTTLE DEATT	

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