

## 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 nervous system is perfectly normal and free from any infectious diseases which would render him/her unsuitable for government services. He/She is free from 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/Average/ Good etc are inappropriate here)

4. Colour Vision .....

5. Night Blindness .....

6. Squint .....

7. Any morbid condition of the eyes or lids of either eye .....

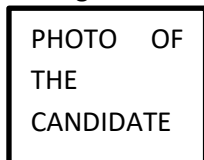
viii)Marks of Identification

1).....

2).....

He/She is physically fit for the post of Beat Forest Officer in the Forest Department.

I certify to the best of my knowledge and belief that the applicant Sri/Smt/kum.....  
.....(Name and 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.)



Place:

(Office Seal)

Signature

Date :

Name and Designation of the Medical Officer