

**FORM OF MEDICAL CERTIFICATE REGARDING VISION FOR THE POST  
OF DRIVER GR II(LDV)/DRIVER CUM OFFICE ATTENDANT (LDV) (DIRECT  
& BY TRANSFER) IN VARIOUS DEPARTMENTS (CAT.NO.621/24 &  
622/24)**

(To be filled up by an Ophthalmologist in Government  
Service)

1. Is there any defect of vision?  
If so, has it been corrected by suitable spectacles so that the distant vision is 6/6 Snellen  
and near vision is 0.5 Snellen.
2. Can the applicant readily distinguish the pigmentary colours red and green?
3. Does the applicant suffer from any night blindness?

I have this day, Medically Examined Sri.....

..... and found that he has no defect  
of vision which would render him unsuitable for the post of Driver Gr II (LDV)/Driver Cum Office  
Attendant (LDV) and his standards of vision are as follows.

**Standards of Vision  
(Eye Sight without Glasses)**

- |   | <u><b>Right Eye</b></u>  | <u><b>Left Eye</b></u> |
|---|--|------------------------|
| 1. Distant Vision   | ..... Snellen  | ..... Snellen          |
| 2. Near Vision  | ..... Snellen  | ..... Snellen          |
| 3. Field of Vision  | .....<br>(Specify whether full or not. Entry 'Normal','Good'etc. will be inappropriate here) |                        |
| 4. Colour Blindness   | .....  |                        |
| 5. Squint.....  | .....  |                        |
| 6. Any morbid conditions of the eyes or lids of either eye..... |  |                        |

His standards of vision are fit for the post of Driver Gr II (LDV)/Driver Cum Office  
Attendant (LDV)

I certify to the best of my knowledge and belief that the applicant,  
Sri..... is the person herein above described and that  
the attached photograph has a reasonably correct likeness. (The signature of the Ophthalmologist  
shall be affixed on the photograph leaving the face clear)

Passport  
Size Photo  
of the  
Candidate

Signature

Name & Designation & Official Address of the Medical  
Officer

(Office seal)

Place:

Date: