

FORM OF MEDICAL CERTIFICATE

(To be obtained from Medical Officer not below the rank of a Assistant Surgeon/Junior Consultant)

I have this day medically examined Sri.. .. (Name and address) and found that he has no disease or infirmity, which would render him unsuitable for Government Service.

His age according to his own statement is and by appearance is and his standards of vision is as follows.

Standards of Vision **(without spectacles)**

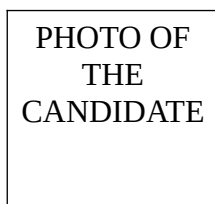
- | <u>Right Eye</u> | <u>Left Eye</u> |
|---|------------------------|
| (i) Distant VisionSnellen | Snellen |
| (ii) Near VisionSnellen | Snellen |
| (iii) Field of Vision | |
| (Specify whether field of vision is full or not. Entries such as Normal, Good, Average etc. are inappropriate here) | |
| (iv) Colour Blindness | |
| (v) Squint | |
| (vi) Any morbid condition of the eyes or lids of either eye | |
| (vii) Identification Mark | |

1.

2.

He is Physically fit for the post of Civil Excise Officer (Trainee) in the Kerala Excise and Prohibition Department.

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



Signature
Name and Designation of the Medical Officer

Place:

Date:

(Office Seal)