

# FORM OF MEDICAL CERTIFICATE

I have this day medically examined  
Sri/Smt. ....  
.....(Name & Address)  
and found that he/she has no disease or infirmity which would render him/her  
unsuitable for Government Service. His/her age according to his/her own  
statement is.....and by appearance  
is .....and his/her standards of vision are as follows.

Standards of Vision  
(Eye sight without Glasses)

Right Eye

Left Eye

- |                     |              |              |
|---------------------|--------------|--------------|
| (1) Distant Vision  | .....Snellen | .....Snellen |
| (2) Near Vision     | .....Snellen | .....Snellen |
| (3) Field of Vision | .....        |              |

(Specify whether **Full** or **Not**. Entry '**Normal**', '**Good**' etc will be  
**inappropriate** here)

(4) Colour Blindness : .....

(5) Squint : .....

(6) Any morbid condition of the eye or lids of either eye :

He is physically fit for the post of **Finger Print Searcher in the Police  
Finger Print Bureau.**

Place :

Date :

(Office Seal)

Signature

Name and Designation of the  
Medical Officer

***Note: The visual standards mentioned above should be certified by a  
Medical Officer not below the rank of an Assistant Surgeon.***