

FORM OF MEDICAL CERTIFICATE

(To be obtained from Medical Officer not below the rank of a Civil Surgeon)

I have this day, medically examined Shri.....(Address) and found that he / she has no disease or infirmity, which would render him / her unsuitable for Government Service. He / She is free from apparent physical defects like Knock-Knee, Flat feet, Varicose veins, Bow legs, Deformed Limbs, Irregular and Protruding teeth, Defective speech and hearing. 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 | Snellen | Snellen |
| (Specify whether full or not. Entry 'normal' 'good' etc., will be inappropriate here.) | | |
| 4. Color Blindness..... | | |
| 5. Squint | | |
| 6. Any morbid conditions of the eye or lid of either eye | | |

He/She is physically fit for the post of Sub Inspector of Police (Cat. No. 24/21), Women Sub Inspector of Police (Cat. No. 23/21) in Kerala Police Service.

Signature
Name and Designation of the Medical Officer

Place:
Date :

(Office seal)

Note:- Details regarding standards of vision should be clearly stated in the Certificate, as given above. Vague statements such as vision normal, Average etc. will not be accepted. Specification for each eye should be stated separately against each item. If the specification are not as indicated above, the officer issuing the certificate should notify whether the candidate has got better standards of vision or worse standards of vision, as the case may be, otherwise the Certificate will not be accepted.