

**FORM OF MEDICAL CERTIFICATE**

.....  
(Signature of candidate)

I have, this day, medically examined Sri. ....(name and Address)..... and found that he is free from (strike off which is not applicable) apparent physical defects like knock-knee, flat foot, varicose veins, bow legs, deformed limbs, irregular and protruding teeth, defective speech and hearing. (The Medical Officer examining the candidates should record in the certificate, the defects if any of the above nature is detected)

I also certify that he possesses the following visual standards.

Standards of Vision with Glasses

	<u>Right Eye</u>	<u>Left Eye</u>
(i) Distant Vision	..... Snellen	.....Snellen
(ii) Near Vision	..... Snellen	.....Snellen
(iii) Field of Vision	..... Snellen	.....Snellen

(Specify whether field of vision is full or not. Entry such as 'Normal' 'good' etc are inappropriate here)

- (iv) Colour Blindness :
- (v) Squint :
- (vi) Any morbid condition of the :  
eye or lids of either eye

Signature  
Name&Designation of the  
Medical Officer

Place

Date

(Office seal)