

FORM OF MEDICAL CERTIFICATE

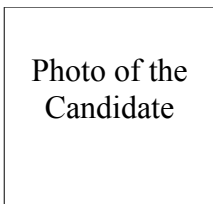
(To be obtained from Medical Officer not below the rank of a Assistant Surgeon / Junior Consultant)

I have this day, medically examined Smt.....(Name & Address) and found that she has no disease or infirmity, which would render her unsuitable for Government Service. Her age, according to her own statement is and by appearance is years. Her standards of vision (without glasses) are as follows.

STANDARDS OF VISION (without glasses)		
	Right Eye	Left Eye
1. Distant Vision Snellen Snellen
2. Near Vision Snellen Snellen
3. Field of Vision Snellen Snellen
(Specify whether field of vision is full or not. Entries such as 'Normal' 'Good' etc., are inappropriate here.)		
4. Color Blindness.....		
5. Squint		
6. Any morbid conditions of the eye or lid of either eye		

She is free from apparent physical defects like knock-knee, flat foot, varicose veins, bow legs, deformed limbs, irregular and protruding teeth, defective speech and hearing.

She is physically fit for the post of Female Assistant Prison Officer in the Prisons Department.



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/Good will not be accepted. Specification for each eye should be stated separately. If the specification are not as indicated above, the officer issuing the certificate should certify 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.