

FORM OF MEDICAL CERTIFICATE

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

I have this day, medically examined Smt/Kumari
.....(Name and 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 isand her standards of vision (without glasses) are as follows.

STANDARDS OF VISION

(Eye sight without glasses)

	<u>Right Eye</u>	<u>Left Eye</u>
(1) Distant VisionSnellen Snellen
(2) Near VisionSnellen Snellen
(3) Field of Vision	

(Specify whether full or not. Entries such as 'normal' 'good' etc., will be inappropriate here)

(4) Colour Blindness

(5) Squint

(6) Any morbid condition of the eye or lid of either eye

She is physically fit for the post of Fire Woman (Trainee) (Cat. No. 245/20) in Fire and Rescue Services Department inDistrict.

Signature :
(Name & 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. If the specifications are not as indicated above, the certificate will not be accepted.