

MEDICAL CERTIFICATE

[to be obtained from a Medical Officer not below the rank of a Assistant Surgeon]

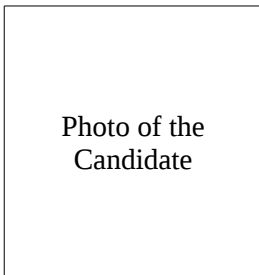
I have this day, medically examined Sri./Smt.....
.....(Name & Address)

and found that he/she has hearing and general physical fitness. His/Her age, according to his/her own statement isand by appearance is His/Her standards of vision are as follows:-

I. STANDARDS OF VISION (without glasses)		
	Right Eye	Left Eye
1. Distant VisionSnellenSnellen
2. Near VisionSnellenSnellen
3. Field of Vision
	[Specify whether Full or Not] (Entry 'Normal', Average, 'Good' etc., will be inappropriate here)	
4. Colour Vision		
5. Night Blindness		
6. Squint		
7. Any morbid conditions of the eye or lid of either eye.		
II. EAR : HEARING	Perfect / Not Perfect	
III. MUSCLES & JOINTS	Does any Paralysis	
	Does all Joints with free movements	
IV. NERVOUS SYSTEM	Is Nervous system Perfectly normal	
	Does it free from any Infectious Diseases	
V. IDENTIFICATION MARKS		
1.		
2.		

He/She is Physically Fit for the post ofin
.....Department.

I certify to the best of my knowledge and belief that the applicant Sri/Smt..... is the person herein above described and that the attached photograph has a reasonably correct likeness.



Signature
Name & Designation of the Medical Officer

(The signature of the Medical officer shall be affixed on the photograph leaving the face clear).

Place:
Date:

(Office Seal)