

**FORM OF MEDICAL CERTIFICATE REGARDING PHYSICAL FITNESS FOR
THE POST OF DRIVER GRADE II (LDV) DIRECT AND NCA-ST, OBC, M,
HN, LC/AI IN KMCS (CATEGORY NO: 225/2016, 143/16, 144,16, 145/16,
146/16, 147/16, 148/16)**

(To be filled up by an Ophthalmologist in Government Service)

1. Is there any defect of vision?
(If so, has it been corrected by suitable spectacles so that the distant vision is 6/6 snellen and near vision is 0.5 snellen.)
2. Can the applicant readily distinguish the pigmentary colours red and green?
3. Does the applicant suffer from any night blindness?
I have, this day medically examine Sri. and found that he has no defect of vision which would render him unsuitable for the post of Driver Gr II (LDV) in KMCS and his 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 | | |
- (Specify whether full or not. Entry 'Normal', 'good' etc. will be in appropriate here)
4. Colour Blindness :
 5. Squint :
 6. Any morbid conditions of the eyes or lids of either eye:

His standards of vision are fit for the post of Driver Grade II (LDV) in KMCS. I certify to the best of my knowledge and belief that the applicant Shri. is the person herein above described and that the attached photograph has a reasonably correct likeness. (The signature of the **Ophthalmologist** shall be affixed on the **photograph** leaving the face clear)



| | | |
|-------|---------------|--|
| Place | (Office seal) | Signature |
| Date | | Name Designation and Official Address |

Note:-Details regarding standards of vision shall be clearly stated in the Certificate as given above and vague statement such as Vision Normal etc. will not be accepted. Specification for each eye should be stated separately. Special attention should be directed to the distant vision. Required standards of vision are as follows:

- | | Right Eye | Left Eye |
|---|------------------|-----------------|
| (i) Distant Vision | 6/6 Snellen | 6/6 Snellen |
| (ii) Near Vision | 0.5 Snellen | 0.5 Snellen |
| iii) Each eye must have full field of vision. | | |