MEDICAL CERTIFICATE

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

I hav	e this day, medically	examined Sri/Smt
(Name & Address) a	and found that he has no	o disease or infirmity, which would render him
unsuitable for Go	overnment Service. H	lis age, according to his own statement
is	and by appearance is	and his standards of vision
(without glasses) ar		
	Standards of	Vision
	D: 1 / E	
	Right Eye	Left Eye
1. Distant Vision	Snellen	Snellen
	Snellen	Snellen
3. Field of Vision		••••••
(Specify whether fu	ıll or not. Entries such	as 'normal', 'good' etc., will be inappropriate
4. Colour Blindness	s	
5. Squint	•••	
•	·	f either eye
He/She is physica	lly fit for the post of Ass	sistant Prison Officer in Prison Department.
		Signature
Place:		Name and Designation of
		the Medical Officer
Date:		
	(Office Seal)	

Note

: Details regarding standards of vision should be clearly stated in the Certificate, as given above and vague statements such as vision 'Normal' 'Average' etc. will not be accepted. Specification for each eye should be stated separately against each item . If the specifications are not as indicated above, the officer issuing the certificate should notify 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.