

FORM OF MEDICAL CERTIFICATE

I have this day, medically examined Sri/Smt/Kum.....
.....(name and address) and found that his/her hearing is perfect, his/her muscles and joints are free from paralysis and all joints are with free movements and his/her nervous system is perfectly normal and free from any infectious diseases which would render him/her unsuitable for government services. He/She in free from physical defects such as knock-knee, flat foot, varicose vein, bow legs, deformed limbs, irregular and protruding tooth, defective speech and hearing. His/her age according to his/her own statement is..... and by appearance is and his/her standards of vision is as follows.

Standards of vision without glass

	Right Eye	Left Eye
1) Distant Vision	..... Snellen	..... Snellen
2) Near Vision	..... Snellen	..... Snellen
3) Field of Vision	.....	.....
3) Colour Vision	.....	.....
4) Night Blindness	.....	.....

(specify whether field of vision is full or not. Entries such as normal, good etc. are inappropriate here)

He/She is physically fit for the post of Beat Forest Officer in the Forest Department.

Place:

Signature

Date:

Name & Designation of Medical Officer

(Office Seal)

Note: Details regarding standards of vision should be clearly stated in the Certificate as given above and vague statement such as Vision 'Normal','Average' etc will not be accepted. Specification for each eye should be stated separately. If the specification are not as indicated above, the officers 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.