

FORM OF MEDICAL CERTIFICATE

I have this day medically examined Sri..... (Name & address) and found that he has no disease or infirmity, which would render him unsuitable for Government Service. He is free from physical defects like knock-knee, flat foot, Varicose vein, bow legs, deformed limbs, irregular and protruding tooth and defective speech and hearing. His age according to his own statement is and by appearance is and his standards of vision is as follows.

**Standards of Vision
(without glasses)**

Right Eye Left Eye

i) Distant Vision Snellen Snellen

ii) Near Vision Snellen Snellen

iii) Field of Vision Snellen Snellen

(Specify whether field of vision is full or not. Entries such as Normal, Good etc are inappropriate here)

iv) Colour Blindness

v) Squint

vi) Any morbid condition of the eyes or lids of either eye

He is physically fit for the post of Reporter Grade II in the Police Department (SBCID).

Place:

Signature

Date :

Name and Designation of the 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/good will not be accepted. Specification for each eye should be stated separately. If the specifications are not as indicated above, the officer 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.

(The medical certificate should be certified by a medical officer not below the rank of a Assistant surgeon)