

MEDICAL CERTIFICATE

I have this day medically examined Sri/Smt.....

.....
(Name & address) and found that he/she has no defect of vision, which would render him/her unsuitable for the post of Assistant Director(Biology)in Kerala Police Forensic Science Laboratory. His/her standards of vision are as follows.

Standards of Vision

(Eye sight with/without glasses)

Right Eye

Left Eye

- i) Distant VisionSnellen Snellen
- ii) Near VisionSnellen Snellen
- iii) Field of Vision

(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

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 statements such as Vision Normal/Average etc 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.

