

FORM OF MEDICAL CERTIFICATE

.....
Signature of candidate

I have, this day, medically examined Sri.
.....
..... (Address)
..... and found that
he possesses the following physical and visual standard.

- (i) Height in cms.
- (ii) Chest (normal) in cms
- (iii) Chest (on expansion) in cms (A minimum expansion of 5 cms is required).

The candidate is free from/not free from (strike off which is not applicable) apparent physical defects like knock-knee, flat foot, varicose vein, bow leg, deformed limbs, irregular and protruding teeth, defective speech and hearing. The Medical Officer examining the candidates should record in the certificate, the defects if any of the above nature is detected.

Standards of Vision with Glasses

Right Eye	Left Eye
(i) Distant Vision	Snellen
(ii) Near Vision	Snellen
(iii) Field of Vision	Snellen

(Specify whether field of vision is full or not. Entry such as `Normal' `good' etc are inappropriate here)

- (iv) Colour Blindness :
- (v) Squint :
- (vi) Any morbid condition of the eye or lids of either eye :

Place :
Date :

Signature
Name & Designation of the
Medical Officer

(Office seal)