## FORM OF MEDICAL CERTIFICATE

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

| I have this day, medically examined Shri   |   |   |                              |             |
|--|---|---|------------------------------|-------------|
| STANDARDS OF VISION  |   |   |                              |             |
| (Eye Sight without glasses)  |   |   |                              |             |
|  |   |   | Right Eye                    | Left Eye    |
|  | 1.  | Distant Vision                            | Snellen                      | *********   |
|  |   |   |                              | Snellen     |
|  | 2.  | Near Vision                               | Snellen                      |             |
|  | 3.  | Field of Vision                           |                              | Snellen     |
| (Spe   | ecify wheti   | her full or not. Entry 'normal' 'good' et | c., will be inappropriate he | ere).       |
|  | 4.  | Colour Blindness                          |                              |             |
|  | 5.  | Squint                                    |                              |             |
|  | 6. Any morbid conditions of the eye or lid of either eye. |   |                              |             |
| He is physically fit for the post of Assistant Sub Inspector in Kerala Police Service. |   |   |                              |             |
| Place:   |   |   | Signa                        | ture        |
| Date:  |   |   | Name and Designation of      | the Medical |
| Officer  |   |   |                              |             |

(Office Seal)