

FORM OF MEDICAL CERTIFICATE

I have this day medically examined Sri.....
(Name and 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 hands limbs, irregular and protruding tooth and defective speech and hearing. His age according to his own statement isand by appearance isand his standards of vision is as follows.

Standards of Vision (without glasses)

	<u>Right Eye</u>	<u>Left Eye</u>
(6) Distant VisionSnellen Snellen
(7) Near VisionSnellen Snellen
(8) Field of Vision	

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

(9) Colour Blindness
(10) Squint
(11) Any morbid condition of the eyes or lids of either eye

He is physically fit for the post of Police Constable (APB) (SR for SC/ST Only) (Cat No.340/2020)in the Police Department.

Signature :
(Name & Designation of the Medical Officer)

Place :
Date :

(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.

