

MEDICAL CERTIFICATE

[to be obtained from a Medical Officer under the Govt. not below the rank of
an Assistant Surgeon specialized in Ophthalmology of a Govt. Hospital]

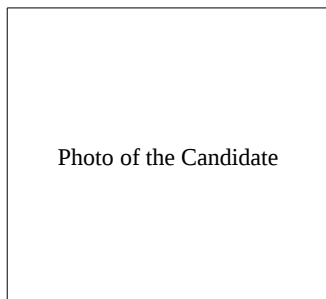
I have this day, medically examined Sri./Smt.

.....
(Name & Address) and found that he/she has no disease or infirmity which would render him/her unsuitable for Government Service. His/Her age, according to his/her own statement is and by appearance is His/Her standards of vision are as follows:-

I. STANDARDS OF VISION (without glasses)		
	Right Eye	Left Eye
1. Distant VisionSnellenSnellen
2. Near VisionSnellenSnellen
3. Field of Vision
	[Specify whether Full or Not] (Entry 'Normal', 'Good', Average, etc., will be inappropriate here)	
4. Colour Blindness		
5. Squint		
6. Any morbid conditions of the Eye or Lids of either eye.		
II. IDENTIFICATION MARKS		
1.		
2.		

He/ She is Physically Fit for the post of Assistant Motor Vehicle Inspector in Motor Vehicles Department.

I certify to the best of my knowledge and belief that the applicant Sri/Smt..... is the person herein above described and that the attached photograph has a reasonably correct likeness.



Signature
Name & Designation of the Medical Officer

(The signature of the Medical officer shall be affixed on the photograph leaving the face clear).

Place:
Date:

(Office Seal)

Note:- Details regarding Standards of vision should be clearly stated in the Certificate, as given above. 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 Certificate will not be accepted. Applications with defective Medical Certificates will be rejected.