

FORM OF MEDICAL CERTIFICATE

(To be obtained from Medical Officer not below the rank of a Assistant Surgeon/Junior Consultant)

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 and limbs, irregular and protruding teeth, defective speech and hearing.

His age according to his own statement is and by appearance is and his standards of vision is as follows.

Standards of Vision
(Eyesight without glasses)

	<u>Right Eye</u>	<u>Left Eye</u>
I) Distant VisionSnellen Snellen
ii) Near Vision Snellen Snellen
iii) Field of Vision	

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

(iv) Colour Blindness

(v) Squint

(vi) Any morbid condition of the eyes or lids of either eye

He is Physically fit and capable for active outdoor work for the post of Civil Excise Officer in the Excise Department.

I certify to the best of my knowledge and belief that the applicant Sri.

.....(Name and Address)

is the person herein above described and that the attached photograph has a reasonably correct likeness. (The signature of the Medical Officer shall be affixed on the photograph leaving the face clear.)

PHOTO OF THE
CANDIDATE

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 statement such as Vision Normal/good/average will not be accepted. Specification for each eye should be stated separately. If the specification 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 maybe,otherwise the Certificate will not be accepted.