

FORM OF MEDICAL CERTIFICATE

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

I have this day medically examined Smt/Kumari.
.....(Name & address) and found that she has no disease or infirmity, which would render her unsuitable for Government Service. She 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. Her age according to her own statement is and by appearance is and her standards of vision is as follows.

Standards of Vision

(without glasses)

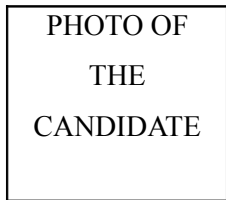
	<u>Right Eye</u>	<u>Left Eye</u>
i) Distant VisionSnellen Snellen
ii) Near VisionSnellen Snellen
iii) Field of Vision	

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

- iv) Colour Blindness
- v) Squint
- vi) Any morbid condition of the eyes or lids of either eye
- vii) Marks of Identification
 - 1).....
 - 2).....

She is physically fit for the post Woman Police Constable (Woman Police Battalion) in the Police Department.

I certify to the best of my knowledge and belief that the applicant Smt/Kumari
.....(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.)



Place:

Date :

(Office Seal)

Signature

Name and Designation of the Medical Officer

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 clarify 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.