

**FORM OF MEDICAL CERTIFICATE REGARDING VISION FOR THE POST OF
DRIVER CUM-OFFICE ATTENDANT (HDV)**

(To be filled up by an Ophthalmologist in Government Service)

1. Is there any defect of vision?

If so, has it been corrected by suitable spectacles so that the distant vision is 6/6 snellen and near vision is 0.5 snellen.

2. Can the applicant readily distinguish the pigmentary colours : red and green?
3. Does the applicant suffer from any night blindness?

I have this day medically examined Sri.....
and found that he has no defect of vision which would render him unsuitable for the post of Driver Cum-Office Attendant (HDV) and his standards of vision are as follows.

Standards of Vision (Eye Sight without glasses)

Right Eye

Left Eye

- | | |
|--------------------------------|---------------|
| i) Distant VisionSnellen | Snellen |
| ii) Near VisionSnellen | Snellen |
| iii) Field of Vision | |

(Specify whether full or not, Entry Normal, Good etc will be inappropriate here)

- iv) Colour Blindness
- v) Squint.....
- vi) Any morbid condition of the eyes or lids of either eye

His standards of vision are fit for the post of Driver Cum-Office Attendant (HDV).

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

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



Signature

Name

Place:
Date:

Designation & Official Address

(Office Seal)