

FORM OF MEDICAL CERTIFICATE

I have this day medically examined Smt./Kumari
(Full Address).....
.....
and found that she has no disease or infirmity which would render her unsuitable for
Government Service. Her Age according to her own statement is.....
..... and by appearance is and her standards of
vision are as follows:-

STANDARDS OF VISION
(Eye Sight without glasses)

	<u>Right Eye</u>	<u>Left Eye</u>
1. Distant Visionsnellensnellen
2. Near Visionsnellensnellen
3 Field of Vision :	

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

- 4. Colour Blindness:.....
- 5. Squint :.....
- 6. Any morbid conditions of the eye lids of either eye:

She is physically fit with the capacity for active outdoor work for the post of **Women Excise Guard in Excise** Department.

Signature

Name and 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. Vague statements such as "Vision Normal" etc., will not be accepted. Specifications 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.

* The Medical Certificate should be one obtained from a Medical Officer not below the Rank of an Assistant Surgeon.