

# FORM OF MEDICAL CERTIFICATE

I have this day, medically examined Sri.....  
.....(Address) and  
found that he has no disease or infirmity which would render him unsuitable for Government  
Service. His age, according to his own statement is .....and by appearance is  
..... and his standards of vision are as follows:

## STANDARDS OF VISION (Eye Sight without glasses)

	<u>Right Eye</u>	<u>Left Eye</u>
1. Distant Vision	..... snellen	..... snellen
2. Near Vision:	..... snellen	..... snellen
3. Field of vision	.....	.....
<i>(Specify whether full or not. Entry such as 'Normal', 'Good' etc. will be inappropriate here.)</i>		
4. Colour blindness	.....	.....
5. Squint:	.....	.....
6. Any morbid conditions of the eyes or lids of either eye:	.....	

He is physically fit for the post of Police Constable (Armed Police Battalion) in the Police Department.

Place Date	Signature: Name and Designation of the Medical Officer
<i>(Office Seal)</i>	

*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 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.*

## STANDARDS OF VISION

	<u>Right Eye</u>	<u>Left Eye</u>
Distant Vision	6/6 Snellen	6/6 Snellen
Near Vision	0.5 Snellen	0.5 Snellen

**Medical Certificates shall be obtained from Medical Officer not below the rank of Assistant Surgeon / Junior Consultant in Government Service.**