

CERTIFICATE

1. Name :
2. Father's Name :
3. Age/Date of Birth :
4. Mark of identification (a)
- (b)

I have examined Sh./Smt/Kum S/o/D/

of Sh. (whose signature is given below) on date

and my findings are as under :-

- | | | (L) eye | (R) eye |
|----|------------------------------------|---------|---------|
| 1- | <u>Distant Vision</u> | | |
| | (a) Naked eye | | |
| | (b) Corrected vision | | |
| 2- | <u>Near Vision</u> | | |
| | a) Naked eye | | |
| | b) Corrected vision | | |
| 3- | <u>Power of lens</u> | | |
| 4- | <u>Colour vision</u> | | |
| | a) Eldrich green | | |
| | b) Ischara Chart | | |
| 5- | <u>Physical examination</u> | | |
| 6- | <u>Investigations</u> | | |

I certify that I have issued this certificate with the knowledge of the fact that the above candidate has already been rejected as "UNFIT" for service by a medical board.

Place :

Date :

Signature of Doctor

Name :

Registration No.

LT/Signature of Candidate

Address :