

Medical Certificate

Mr. / MS Whose Signature is
given below has been medically examined by me.

He / She has *the following physical disabilities.

.....
*No Physical disabilities

Signature of Doctor :

Signature of the Applicant

Designation :

Registration No. :

Date :

Medical Certificate for Colour Vision

I, Dr. hereby Certify that I have examined

Mr/Ms Whose signature is appended below, and certify that this
color vision is Normal/ Defective safe/ Defective unsafe.
(Strike off which is not applicable).

The Color vision has been tested with:-

- 1) Pseudo-Isochromatic Plates.
- 2) Approved Lantern Test.
- 3) Any other test applicable.

(Strike off which is not applicable).

Signature of the Applicant

Signature of Doctor:

Signature of Doctor :

Designation :

Registration :

Date :