

MEDICAL FORM

(To be given by Registered Medical Practitioner holding at least MBBS Degree)

MEDICAL CERTIFICATE FOR PHYSICAL FITNESS

Mr. / Miss _____
(whose signature is given below has been medically examined by me.)

A) He / She has the Following disabilities.

i) _____

ii) _____

iii) _____

B) No Physical disabilities

Signature of Applicant

Registration No. _____

Signature of Doctor _____

Date : _____

MEDICAL CERTIFICATE FOR COLOR VISION

I Dr. _____ hereby certify that I have examined
Mr./Miss. _____ whose signature is appended below and certify
that his/her colour vision Normal / Defective Safe / Defective Unsafe.
(Strike off which is not applicable)

The colour 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 Applicant

Registration No. _____

Signature of Doctor _____

Date : _____

