## **MEDICAL & FITNESS FORM**

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

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I DrMr./Miss	
appended below and certify.	
A) She/he has the Following disabilities.  1	
b) No i nyoloar albabillabo	Registration No
Signature of Applicant	Signature of Doctor  Date:
MEDICAL CERTIFICATE FOR COLOR	VISION
I Dr	hereby certify that I have examined whose signature is
(Strike oil 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)	
	Registration No
Signature of Applicant	Signature of Doctor  Date:

