

Sr. No. _____

MEDICAL FORM

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

MEDICAL CERTIFICATE FOR PHYSICAL FITNESS

Mr./Ms. _____

(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 the Applicant _____

Signature of Doctor _____

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 his/her colour vision is 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 the Applicant _____

Signature of Doctor _____

Registration No. _____

Date : _____