

(To be given by Registered Medical Practitioner holding atleast MBBS)

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 _____

Designation: _____

Signature of the Applicant

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 Doctor _____

Designation: _____

Signature of the Applicant

Registration No. _____

Date : _____