

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 :