

CERTIFICATE OF MEDICAL FITNESS

Name (in Block Letters): _____

Father's Name: _____

Height: _____ Weight: _____ Chest: _____

Heart & Lungs: _____

Vision: L: _____ R: _____

Colour Vision: _____

Hearing: _____

Hernia / Hydrocele / Piles: _____

Remarks: _____

*I certify that I have carefully examined Sri/Smt. _____,
son/daughter of Sri _____ who has signed in
my presence. He / She has no mental and physical disease and is fit.*

Signature of the Candidate

Place:
Date:

Signature of Medical Officer/Practitioner
with legible seal

Registration No. _____

Prescribed Medical Standards for Admission

The candidate should possess good health and physique with sound mind. He / she should not be suffering from any disease, physical or mental infirmity.

Allowable Defects in Eyesight

Myopia or Myopic Astigmatism: Total strength of correcting lens not exceeding 3.5 Dioptre and acuteness of vision after correction (a) 6/9 in one eye and (b) 6/6 in another.

Hyper-metropia not exceeding 14 Dioptre or Hypermetropic Astigmatism: Strength of correcting lens not exceeding 4 Dioptre and acuteness of vision after correction (a) 6/9 in one eye and (b) 6/6 in another.

The candidates should not be colour blinds.

Competent Authority for Issuing medical Certificate

- Registered Medical Practitioners / Government Medical Officer / Medical Officer of a Government Undertaking with seal and registration number of the certifying medical officer / practitioner.