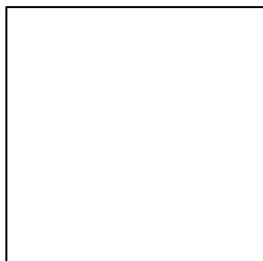


**FORM OF MEDICAL CERTIFICATE REGARDING VISION FOR THE POST
OF DRIVER (ON CONTRACT) IN POPULATION RESEARCH CENTRE
(To be filled up by an ophthalmologist in Government Service)**

1	Is there any defect of vision? If so, has it been corrected by suitable spectacles so that the distant vision is 6/6.													
2	Can the applicant readily distinguish the pigmentary colours red and green?													
3	Does the applicant suffer from any night blindness?													
<p>I have this medically examined Shri.....and found that he has no defect of vision which would render him unsuitable for the post of Driver Grade-II and his standards of vision are as follows.</p> <p>Standards of vision (Eye sight without glasses)</p> <table border="1" style="width: 100%; border-collapse: collapse; margin: 0 auto;"> <thead> <tr> <th style="width: 35%;"></th> <th style="width: 30%; text-align: center;">Right Eye</th> <th style="width: 35%; text-align: center;">Left Eye</th> </tr> </thead> <tbody> <tr> <td>(a) Distant Vision</td> <td style="text-align: center;">-----Snellen</td> <td style="text-align: center;">-----Snellen</td> </tr> <tr> <td>(b) Near Vision</td> <td style="text-align: center;">-----Snellen</td> <td style="text-align: center;">-----Snellen</td> </tr> <tr> <td>(C) Field of Vision</td> <td></td> <td></td> </tr> </tbody> </table> <p>(Specify whether full or not. Entry 'Normal', 'Good' etc. will be inappropriate here)</p>				Right Eye	Left Eye	(a) Distant Vision	-----Snellen	-----Snellen	(b) Near Vision	-----Snellen	-----Snellen	(C) Field of Vision		
	Right Eye	Left Eye												
(a) Distant Vision	-----Snellen	-----Snellen												
(b) Near Vision	-----Snellen	-----Snellen												
(C) Field of Vision														
(d)	Colour blindness													
(e)	Squint													
(f)	Any morbid conditions of the eyes or lids of either eye.													
His standards of vision are fit for the post of Driver														

I certify to the best of my knowledge and belief that the applicant Shri is the person herein above described and that the attached photograph has a reasonably correct likeness. (The signature of the Ophthalmologist shall be affixed on the photograph leaving the face clear).



Signature

Photo of The Candidate

Place:

Date:

Name:

Designation &

(Office Seal)

Official Address

PTO

Note:- Details regarding standards of vision shall be clearly stated in the certificate, as given above and vague statements such as vision Normal etc. Will not be accepted. Specification for each eye should be stated separately. Special attention should be directed to the distant vision. Required standards of vision are as follows.

	Right Eye	Left Eye
(a) Distant Vision	6/6 snellen	6/6 snellen
(b) Near Vision	0.5 snellen	0.5 snellen
(C) Each eye must have full field of vision.		