

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 abilities

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.....