

# MEDICAL FORM

(To be given by Registered Medical Practitioner holding at least MBBS Degree)

## MEDICAL CERTIFICATE FOR PHYSICAL FITNESS

Mr. / Miss \_\_\_\_\_  
(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 Applicant

Registration No. \_\_\_\_\_

Signature of Doctor \_\_\_\_\_

Date : \_\_\_\_\_

## MEDICAL CERTIFICATE FOR COLOR VISION

I Dr. \_\_\_\_\_ hereby certify that I have examined  
Mr./Miss. \_\_\_\_\_ whose signature is appended below and certify  
that his/her colour vision 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 Applicant

Registration No. \_\_\_\_\_

Signature of Doctor \_\_\_\_\_

Date : \_\_\_\_\_

