

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

SCAE, BHOPAL

Sky is the way to achieve the impossible..

ESTD: 2007

I, Dr. _____ hereby certify that I have examined

Mr./ Ms. _____
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 ()

Signature of the Applicant _____

Signature Doctor _____

Registration No. _____

Date: _____