

**MEDICAL FORM**

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

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**MEDICAL CERTIFICATE FOR PHYSICAL FITNESS**

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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: \_\_\_\_\_

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**MEDICAL CERTIFICATE FOR COLOUR VISION**

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

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

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