

## **MEDICAL CERTIFICATE FOR PHYSICAL FITNESS**

(To be given by registered medical practitioner holding at least MBBS degree)

Mr. / Ms. .... whose signature is given below, has been medically examined by me.

He/ She has **\* the following physical disabilities**

.....  
.....

**\* No physical disabilities** (Strikeout whichever is not applicable)

Signature of Doctor : .....

Registration No. : .....

Designation : .....

\_\_\_\_\_  
Signature of Applicant      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 colorvision is Normal / Defective safe / Defective unsafe

The color vision has been tested with,

- 1) Pseudo – Isochromatic Plates
- 2) Approved Lantern Test
- 3) Any other Test applicable

Signature of Doctor : .....

Registration No. : .....

Designation : .....

Date : .....

\_\_\_\_\_  
Signature of Applicant