

## CERTIFICATE OF MEDICAL FITNESS

Name (in Block Letters): \_\_\_\_\_

Father's Name: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Chest: \_\_\_\_\_

Heart & Lungs: \_\_\_\_\_

Vision: L: \_\_\_\_\_ R: \_\_\_\_\_

Colour Vision: \_\_\_\_\_

Hearing: \_\_\_\_\_

Hernia / Hydrocele / Piles: \_\_\_\_\_

Remarks: \_\_\_\_\_

*I certify that I have carefully examined Sri/Smt. \_\_\_\_\_,  
son/daughter of Sri \_\_\_\_\_ who has signed in my  
presence. He / She has no mental and physical disease and is fit.*

\_\_\_\_\_  
Signature of the Candidate

Place:

Date:

\_\_\_\_\_  
Signature of Medical Officer/Practitioner  
with legible seal

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

### **Prescribed Medical Standards for Admission**

- The candidate should possess good health and physique with sound mind. He / she should not be suffering from any disease, physical or mental infirmity.

### **Allowable Defects in Eyesight**

- Myopia or Myopic Astigmatism: Total strength of correcting lens not exceeding 3.5 Dioptre and acuteness of vision after correction (a) 6/9 in one eye and (b) 6/6 in another.
- Hyper-metropia not exceeding 14 Dioptre or Hypermetropic Astigmatism: Strength of correcting lens not exceeding 4 Dioptre and acuteness of vision after correction (a) 6/9 in one eye and (b) 6/6 in another.
- The candidates should not be colour blind