



MEDICAL CERTIFICATE FOR COLOUR VISION

I, Dr. hereby certify that I have examined Mr / Ms
.....whose signature is appended below, and certify that his colour vision is

Normal / Defective safe / Defective unsafe.

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 Doctor :

Designation :

Registration No. :

Date :

Signature of the Applicant

MEDICAL FORM

(To be given by Registered Medical Practitioner holding at least MBBS degree & to be submitted at the time of admission)

MEDICAL CERTIFICATE

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

He / She *no physical disabilities

 *the following physical disabilities

Signature of Doctor :

Designation :

Registration No :

Date :

Signature of the Applicant
