

FORM-H
[See rules 8(2) and 13(3)]
MEDICAL CERTIFICATE

Space for [Passport
size photograph]

[To be filled in by a registered medical practitioner appointed for the purpose by
the State Government or person authorized in this behalf by the State Government]

1. Name of the applicant
2. Identification Marks (1)
(2).....
- 3, (a) Does the applicant, to the best of your judgment, suffer from any defect of vision? If so,
has it been corrected by suitable spectacles. Yes/No
- (b) Can the applicant, to the best of your judgment, readily distinguish the pigmentary
colours, red and green? Yes/No
- (c) In your opinion, does the applicant suffer from a degree of deafness which would
prevent his • hearing the ordinary sound signals? Yes/No
- (d) In your opinion, does the applicant suffer from night blindness? Yes/No
- (e) Has the applicant any defect or deformity or loss of member which would interfere
with the efficient performance of his duties as a supervisor or wireman? If so, give your
reasons in details. (1) Optional Yes/No
- (a) Blood group of the applicant (if the applicant so desires that the information may be noted in his
licence or permit).
- (b) RH factor of the applicant (if the applicant so desires that the information may be noted in his
licence or permit). Declaration made-by the applicant in form I as to his physical fitness is attached.
Certificate of Medical FitnessI certify that -
- (i) I have personally examined the applicant Shri/ Smt.IKum
- (ii) that while examining the applicant I have directed special attention to his / her distant vision;
- (iii) While examining the applicant, I have directed special attention to his/her hearing ability, the
condition of the arms, legs, hands and joint of both extremities of the applicant : and
- (iv) I have personally examined the applicant for reaction time, side vision and glare recovery.
And, therefore, I certify that, to the best of my judgment, he is medically fit to hold licence/
certificate/permit. The applicant is not medically fit to hold a licence/certificate/permit for the
following regions.

Signature :

1. Name designation of the medical officer/Practitioner (Seal)
2. Registration number of Medical Officer.

Date :

Signature or thumb impression of the candidate.

Note :-

1. The medical officer shall affix his signature over the photograph affixed in such a manner that
part of his signature is upon the photograph and part the certificate.