

## EYE FITNESS CERTIFICATE

[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]

**Note: 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 on the certificate.**

Photo of the  
Candidate with  
Signature of the  
Medical Officer  
  
(3.5 cm X 4.5 cm)

- |   |       |       |
|---|-------|-------|
| 1. Distant vision without glasses   | R E : | _____ |
|   | L E : | _____ |
| 2. Distant vision with glasses  | R E : | _____ |
|   | L E : | _____ |
| 3. Amount of Myopia / Hypermetropia or Astigmatic defect and strength of correction of glasses used           | R E : | _____ |
|   | L E : | _____ |
| 4. Near vision  | R E : | _____ |
|   | L E : | _____ |
| 5. Whether suffering from squint or any other morbid condition of the eye or eyelids                          | R E : | _____ |
|   | L E : | _____ |
| 6. Field of vision  | R E : | _____ |
|   | L E : | _____ |
| 7. Colour vision  | R E : | _____ |
|   | L E : | _____ |
| 8. Fundus appearance  | R E : | _____ |
|   | L E : | _____ |
| 9. Standard of vision   | _____ |       |
| 10. Having regard to his/ her vision Sri./Tmt./Kum_____   |       |       |
| is FIT / UNFIT for skill test for the post of Driver in the Subordinate Judiciary in the State of Tamil Nadu. |       |       |

Signature of the  
Candidate

Name, Designation  
and Signature of the  
Medical Officer  
(with seal)

Station :  
Date :