

MEDICAL CERTIFICATE TO BE FURNISHED FOR APPOINTMENT TO THE POST OF INSPECTOR			
Name of the Candidate			
Roll No.			
Rank No.			
Signature of the Candidate			
Left Thumb Impression			
		(Photo to be attested by the Medical Officer)	
FREE FROM COLOUR BLINDNESS CERTIFICATE			
<p>Certified that I have examined Mr/Ms. _____</p> <p>whose signature is appended above, and certify that his/her colour vision is Normal/Defective</p> <p>(Strike of which is not applicable)</p>			
(Seal of the Medical Officer)		Signature of Medical Officer	
Place		Name	
Date		Reg.No.	