## Proforma for Medical Certificate to be obtained by candidates applying for the posts of Assistant Loco Pilot from an Eye Specialist

| I have examined Shri/Smt/Kum   | who   |
|--|-------|
| has applied for the post of Assistant Loco Pilot in Indian Railways. His | s/her |
| vision has been tested with reference to the required standard and       | the   |
| results are as below:  |       |

Paste here your recent colour passport size photograph of size 3.5 cm x 4.5 cm(The colour photograph should be the same as used in the registration) The photograph should be attested by the eye specialist

Signature of candidate

| Distant Vision Near Vision                                       |                                  | Vision                                | Colour Vision<br>Ishihara       |                      | Binocular Vision,<br>Field of Vision &<br>Night Vision |                      |                                 |
|--|----------------------------------|---------------------------------------|---------------------------------|----------------------|--|----------------------|---------------------------------|
| Required<br>Standard   | Actual<br>Observation<br>/ Value | Required<br>Standard                  | Actual<br>Observation/<br>Value | Required<br>Standard | Actual<br>Observation/<br>Value                        | Required<br>Standard | Actual<br>Observation/<br>Value |
| 6/6, 6/6 without glasses with fogging test (must not accept +2D) | RAPS.                            | Sn. 0.6,<br>0.6<br>without<br>glasses |                                 | Normal               | * F  | Normal               |                                 |

| Shri/Smt/Kum  | fully conforms / does not                |
|---|--|
| conform (Strike out either 'fully conforms' or 'does not conf           | form' as the case may be) to the above   |
| vision standards.   |  |
| It is also certified that he/she did not undergo any surgery to correct | et refractive error.                     |
| Name of the Eye Specialist  |  |
| Registration No. of the Eye Specialist.                                 |  |
| Place:  |  |
| Date:   | (Signature & Seal of the Eye Specialist) |