



GOVERNMENT OF KERALA

Medical Certificate of the Blind

Certified that I, Dr.....
Registration No. have this
..... day of 20---examined and
the candidates whose particulars are given below:-

1. Name of the candidate
2. Father's name
3. Sex.
4. Approximate age.
5. Identification marks.
6. Extent of residual vision if any RE
LE.
7. Onset of blindness (please state whether blindness is from birth or acquired later; if it has been caused afterwards, the age and cause of blindness may be indicated) for the purpose of financial assistance, the blind are those who suffer from either of the following.
 - a) Total absence of sight.
 - b) Visual acuity not exceeding 6/60 or 20/200 (Snellen) in the better eye with correcting lenses.
 - c) Limitation of the field of vision subtending an angle of 20 degrees or worse.

Signature of the applicant.

Place.

Date.

(Signature of ophthalmologist)

Designation
Qualification
Office stamp
Address