

SIGHT TEST CERTIFICATE**New Entry*/Periodic*****ANNEXURE V**

Reference No. : _____

Full Name : _____

Rank : _____

PP/CDC/ID No. : _____

Date & Place of Birth: _____ / _____ / _____ , _____

Colour of Eyes : _____

Identification Notes : _____

		Right Eye	Left Eye	Both Eyes	Result
Distance Vision	Unaided				
	Aided				
Near Vision	Unaided				
	Aided				
Field of Vision	Horizontal Plan				
	Vertical Plan				
Color Vision	Ishihara				

I, Dr. Sandeep Singhal, M.B.B.S, M.D. hereby certify that the above mentioned candidate has met/~~not met~~*, the eye sight standard for his/her designated rank/position as set out in Annex-II*/Annex-III* for seafaring occupation.

Date: _____ at _____

Candidate's Signature_____
Signature of the Medical Examiner**Note:**

- 1) This certificate is valid for _____ from the above date. New entry sight test certificates should be retained by the candidate till his active sea career.
- 2) Seafarer aggrieved by the decision of the Medical Examiner may appeal as per the provision of the M.S. (Medical Examination) Rules, 2000 as amended.

*Deleted if not applicable.

Note: The principal rules published in the Gazette of India, Part II, section 3, sub-section (i) vide Notification Number G.S.R.57 (E) dated the 19th January, 2000.