

TELANGANA STATE PUBLIC SERVICE COMMISSION: HYDERABAD

GROUP II SERVICES

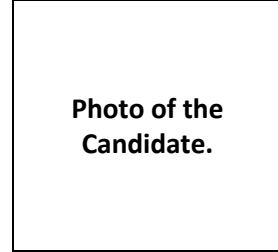
Notification No.20/2015 & 17/2016

Hall Ticket. No:

Date of Verification:

Name of the Candidate:

Signature of the Candidate:



CERTIFICATE OF EYE VISION

(To be certified by an Ophthalmologist not below the rank of Civil Assistant Surgeon)

I do hereby certify that I have examined (full name) Sri _____ S/o, D/o, W/o _____ a candidate to the post of Proh & Excise Sub Inspector under Group II Services and certify that he /she possesses the following visual standards specified below without glasses.

- I) Right Eye: Distant Vision _____
Near Vision _____
- II) Left Eye: Distant Vision _____
Near Vision _____

- III) Whether each eye has full field vision without glasses YES/NO
- IV) Colour Blindness YES/NO
- V) Squint or any morbid conditions of the eyes or lids of either eye YES/NO
- VI) AS PER VISUAL STANDARDS WHETHER THE CANDIDATE IS ELIGIBLE YES/NO

Station:

Signature of the Medical Officer.

Date:

Name:

Designation:

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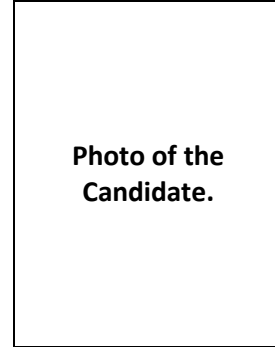
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Signature of the Candidate:



CERTIFICATION OF PHYSICAL FITNESS

I have examined (full name) Sri / Smt. / Kum. _____ S/o, D/o, W/o _____ a candidate to the post of Proh & Excise Sub Inspector under Group II Services and I am not able to discover that he/she has any disease, constitutional affection or bodily infirmity except that _____ (disease). I do not consider this as disqualification for the employment he/she seeks.

I further certify that in my opinion his/her general physical condition is such as to enable him to perform efficiently the active duties of Executives Service.

1. a) HEIGHT _____ Cms.
b) WEIGHT _____ Kgs (For Women Candidates only)
2. CHEST MEASUREMENT (For Men Candidates only)
(A) On full inspiration _____ Cms.
(B) On full Expiration _____ Cms.
(C) Difference (Expansion) _____ Cms.
3. Indicate YES or NO against each of the following items:

I) Knock Knees	YES/NO
II) Flat Foot	YES/NO
III) Varicose Veins	YES/NO
IV) Hammer toes	YES/NO
V) Fractured limbs	YES/NO
VI) Decayed teeth	YES/NO
VII) Pigeon Chest	YES/NO

Signature of the Medical Officer -1.

Signature of the Medical Officer- 2.

Signature of the Medical Officer- 3

Name:

Name:

Name:

Designation:

Designation:

Designation: