

## Certificate From Eye Specialist

To be submitted along with the admission form

Course Applied to .....

College Applied for .....

I have examined the eyesight of Mr. / Ms. ....  
 He / she has no disqualifying defects as shown in 'B' except allowable defect as marked at 'A'

RIGHT EYE					LEFT EYE			
	SPH	CYL	AXIS	V/A	SPH	CYL	AXIS	V/A
D.V								
N.V								

### Eyesight Standard

**A - Allowable**

1. Myopia or Myopic astigmatism – correcting lens not exceeding 3.5 D. Acuteness of vision after correction (a) 6/9 in one eye and (b) 6/6 another.
2. Hypermetropia not exceeding 14D or hypermetropic astigmatism – correcting lens not exceeding 4D. Acuteness of vision after correction 6/9 in one and 5/4 in another.

**B - Disqualifying**

1. Defective vision from arising nebula of the cornea or any pathological indication of the deeper structures.
2. Colour blindness (achromatopsia)
3. Paralysis of the exterior muscles of the eye.

Date :   -   -

.....  
 Signature of the Eye Specialist with Registration No.