
FORM - 6

Prescribed under sub -rule (4) of rule 77

RECORD OF EYE EXAMINATION

Sl. No.	Department/ Works	Name of Worker	Sex	Age(on last birthday)	Occupation		Examination of eye sight		Signature of ophthalmologist	Remarks
					Nature	Date of employment	Date	Result		
1	2	3	4	5	6	7	8	9	10	11
