
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 |
| | | | | | | | | | | |
