

**FORM NO. 8-C**

**[Prescribed under sub-rule (4) of Rule 61- J]**

**Record of Eye Examination**

<b>Serial Number</b>	<b>Department Work</b>	<b>Name of worker</b>	<b>Sex</b>	<b>Age on last birthday</b>	<b>Occupation</b>	<b>Examination of eye sight</b>	<b>Signature of Ophthalmologist</b>	<b>Remarks</b>
					<b>Nature date of employment</b>	<b>Date result</b>		