

FORM 35
(Prescribed under Sub Rule (4) of Rule 65 (L))
Record of Eye Examination

SL NO	Dept / work	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)

