



**PORT OF KARACHI
APPLICATION TO BE EXAMINED IN
SIGHT TEST**

1. Name (in Block letters) _____
2. Address _____
3. Date of Birth _____

Have you previously been examined in the Sight Test. If so state: -

PREVIOUS RESULT OF EXAMINATION			
Letter Test		Colour Vision Test (Lantern test)	

CANDIDATES DECLARATION

I DECLARE that the particulars furnished above are correct & true to the best of my Knowledge and belief and I made this declaration Conscientiously believing it is true.

Signature of Candidate
Date _____

THE DECLARATION above was signed in my presence and the Fee of Rupees 300/- (three hundred only) has been paid vide

Receipt No. _____ dated _____

Admin Officer

CERTIFICATE OF EXAMINER

I CERTIFY that the Candidate named above was examined by me this day with the following

Letter Test _____

Colour Vision _____

This ____ day of _____ 20

Signature of Examiner



**SIGHT TEST CERTIFICATE
MERCHANT NAVY**

Name in full (Block Letter) _____

Address _____

Date & Place of Birth _____

Certificate No. (if any) _____

CNIC No. _____

Signature of Candidate

RESULT OF EXAMINATION			
Letter Test		Colour Vision Test (Lantern test)	

Karachi Dated _____

Signature of Examiner

PRINCIPAL OFFICER
MERCANTILE MARINE DEPARTMENT
KARACHI