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 DECELERATION

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 1200/- (Twelve 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