

# FORM 1

[ See Rules 5, 7, 10 (a) and 14 (d) and 18 (d) ]

Medical Certificate in respect of an applicant for obtaining a learner's licence  
driving licence or renewal of a driving licence

## PART-1

Space for  
Photographs of  
the size five  
centimetres by  
six centimetres

(to be filled in by the applicant)

1. Name of the applicant \_\_\_\_\_
2. Son/wife/daughter of \_\_\_\_\_
3. Permanent address \_\_\_\_\_
4. Temporary address \_\_\_\_\_  
Official address (if any) \_\_\_\_\_
5. Date of birth \_\_\_\_\_
6. Identification Marks (1) \_\_\_\_\_  
(2) \_\_\_\_\_

### *Declaration as to physical fitness to be given by the applicant*

- a) Do you suffer from epilepsy or from sudden attacks of loss of consciousness of giddlines from any cause ? Yes / No
  - b) Are you able to distinguish with each eye at a distance of 25 meters in good day light with glasses if worn ? Yes / No.
  - c) Have you lost either hand or foot or are you suffering from any defect in movement, control or muscular power of either arm or leg ? Yes/No
  - d) Can you readily distinguish the pigmentary colours red and green ? Yes/No
  - e) Do you suffer from night blindness ? Yes/No
  - f) Are you so deaf as to be unable to hear and if the applicant is for driving is light motor vehicle with or without hearing aid the ordinary sound signal ? Yes/No
  - g) Do you suffer from any other disease or disability likely to cause your driving of a motor vehicle to be a source of danger to the public, if so, give details ? Yes/No
- I hereby declare that to the best of my knowledge and belief, the particulars given above and the declaration made herein are true.

Signature of the applicant

Note - An applicant who answer 'Yes' to any of the question (a) (c) (e) (f) and (g) 'No' to either of the question (b) and (d) should amplify his answers with full particulars and may be required to give further information relating there to

## PART-II

To be filled in by any registered medical practitioner.

1. Name of the applicant \_\_\_\_\_
2. Son/wife/daughter of \_\_\_\_\_
3. Permanent address \_\_\_\_\_
4. Temporary address \_\_\_\_\_
5. Date of Birth (1) \_\_\_\_\_  
(2) \_\_\_\_\_
7. (a) Does the applicant to the best of your judgement to epilepsy vertigo or any mental silment likely to affect this driving effecienoy ? Yes/No
- (b) Does the applicant suffer from any heart or lung disorder which might interfere with the performance of his duties as a driver ? Yes/No
- (c) If there any defect of vision ? If so, has it been corrected by suitable spectacle.
- (d) Can the applicant readily distinguish the pigmentary colours red and green ?  
Yes/No



