

FORM 1-A

[See rules 5(1), (3), 7, 10(a), 14(d) and 18 (d)]

MEDICAL CERTIFICATE

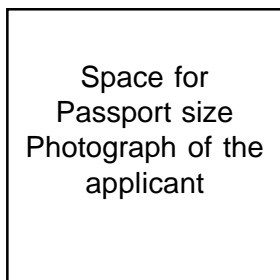
To be filled in by a Registered Medical Practitioner appointed for the purpose by the State Government or person authorised in this behalf by the State Government referred to under sub-section (3) of section 8.

1. Name of the Applicant
2. Identification Marks (1)
(2)
3. (a) Does the Applicant to the best of your judgement suffer from any defect of vision ?
if so has it been corrected by suitable spectacle ? **Yes / No**
- (b) Can be applicant to the best of your judgement readily distinguish the pigmentary colours
red & green ? **Yes / No**
- (c) In your opinion, is he able to distinguish with his eye sight at a distance of 25 metres in good
daylight a motor car number plate ? **Yes / No**
- (d) In your opinion does the applicant suffer from a degree of deafness which would prevent his hearing
the ordinary sound signals ? **Yes / No**
- (e) In your opinion does the applicant suffer from night blindness ? **Yes / No**
- (f) Has the applicant any defect or deformity or loss of member which would interfere with the
efficient performance of his duties as a driver ? If so, give your reasons in detail. Yes/No
Optional
- (a) Blood Group and RH factor
may be noted in his driving licence (If the applicant so desires that the information be given)

Declaration made by the applicant in Form-1 as to his physical fitness is attached.

I certify that I have personally examined the applicant _____
also certify that while examining the applicant I have directed special attention to the distant vision and hearing
ability, the condition of the arms, legs, hands and joints of both extremities of the candidate and to the best of my
judgement he is medically fit/not fit to hold a driving licence.

The applicant is not medically fit in hold a licence for the following reasons -



Date

- Signature
1. Name and designation of the Medical
Officer / Practitioner.
 - (Seal)
 2. Registration Number of Medical Officer

Note : The Medical Officer shall affix his signature over the photograph affixed in a manner that part of his signature is upon the photograph and part on the certificate.

FORM - 1

[See Rule 5 (2)]

Application-cum-declaration as to be physical fitness

1. Name of the Applicant :
2. Son/Wife/Daughter of :
3. Permanent Address :
4. Temporary Address :
5. Official Address (if any) :
6. (a) Date of Birth :
(b) Age on date of Application :
7. Identification marks (1) :
(2) :

Declaration :

- (a) Do you suffer from epilepsy, or from sudden attack of loss of giddness from any cause **Yes / No**
- (b) Are you able to distinguish with each eye (or if you have held a driving licence to drive motor vehicle for a period not less than five years and if you have lost, the sight of one eye after the said period of five years and if the application is for driving a light motor vehicle other than a transport vehicle fitted with an outside mirror on the steering wheel side) or with one eye at the distance of 25 metres in good day light (with glasses, if worn) a motor car number plate: **Yes / No**
- (c) Have you lost either hand or foot or are you suffering from any defect or muscular power in either arm or leg? **Yes / No**
- (d) Can you readily distinguish the pigimentary colour, 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 application is for driving a 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 detail. **Yes / No**

I hereby declare that to the best of my knowledge and belief the particulars given above and the declaration made therein are true. **Yes / No**

(Signature of thumb impression of the Applicant)