

FORMS
(See Rule 2 (b))

FORM - 1

See Rule 5.7 10 (a) and 14 (b)
**Medical Certificate in respect of applicant for obtaining
a Lerner's Licence/Driving Licence/ Conductor's Licence
or renewal of a Driving Conductor's Licence**

Space for the
photographs of
the size five
Centimeters by
six
Centimetres

PART - 1

(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)

7. DECLARATIONS AS TO PHYSICAL FITNESS TO BE GIVEN BY THE APPLICANT

- (a) Do you suffer from epilepsy or from sudden attacks of Loss of consciousness from and cause Yes/No
- (b) Are you able to distinguish with each eye at a distance of 25 meters in good day light Yes/No
(with glasses if worn)
- (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 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 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 answers 'Yes' to any of the question (a) (c) (e) (f) and or 'No' to either of the question (b) & (d) should amplify his answer (g) with full particulars and may be required to give further in information relating there to.

PART - II

(To be filled in by a registered medical practisnor 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. Son/Wife/Daughter of
3. Permanent Address
4. Temporary Address
5. Date of Birth
6. Identification marks
- (1)
- (2)

(2)

- 7. (a) If the applicant to the best of your judgement subject to epilepsy. Vertigo or any mental ailment likely to effect this driving efficient? Yes/No
- (b) Does the applicant to suffer from any heart or lung disorder which might interfere with the performance of his duties as a driver? Yes/No
- (c) Is there any defect of vision? Is so has it been corrected by suitable spectacle? Yes/No
- (d) Can the applicant readily distinguish the pigmentary colours red and green? Yes/No
- (e) Does the applicant suffer from degree of deafness which would prevent his hearing the ordinary sound signal? Yes/No
- (f) Does the applicant suffer from night blindness? Yes/No
- (g) Has the applicant any deformity or loss of member which would interfere with the efficient performance of his duties as a driver? If so given your reasons in detail. Yes/No
- (h) Does he show any evidauce of being addicted to excessive use of aleohal, tobacco or drugs? Yes/No
- (i) Does he suffer from attakes of loss of consciousness from any casue? Yes/No
- (j) Is he able to distinguish with each eye at a distance of 25 meters in good day light a motor car number plate? Yes/No
- (k) Is he suffering from any defect in movement control or muscular power or either arm of limb? Yes/No
- (l) What is the height of applicant Do you consider that this height will be disadvantageous for him to have a clear vision of the road while driving? Yes/No
- (m) If he a mentaly ill person? Yes/No
- (n) Does he suffer from an/other disease or disability likely to cause his driving a motor vehicle a source of danger to the public? Yes/No
- (o) Is he in your opinion generally fit as regarde :
 (i) Bodily Health (ii) Eye sight (iii) Mental Ability & (iv) Hearing Ability Yes/No
- (p) Blood Group of the applicant (optional)
- (q) RH Factor of the applicant (optional)

I have examined the applicant. I am of the opinion that he is not fit hold a Driving/Conductor Licence for the following reasons :-

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.....

.....

Date

Signature

Name and Designation of the Medical Officer

I certify that I have personally examined the applicant I also certify that while examining the applicant. I gave directed special attention to the distant vision and hearing ability the condition of the arms, legs, hand and joints of (othextremities) of the candidate and he is medically fit to hald a driving licence.

Date

(Seal)

Signature

Name and Designation of the Medical Officer

.....
Signature of the Candidate

- Note-**
- (1) The Medical Officer shall affix his signature over the photograph in such a manner that part of his signature is upon the photograph and part on the Certificate.
 - (2) Particulars of the Gazette where the Medical Officer's appointment is notified with reference to sub-section (8) of Section 8 of the Motor Vehicle Act 988 and serial number in the list where his name appears.