

FORM 1 - A

[See rule 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 Government or person authorised in the 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 the applicant to the best of your judgment readily distinguish the pigmentary colours, red and green? Yes/No
- (c) If you option, is he able to distinguish with his eye sight at a distance of 25 meters in good day light a motor car number plate. ? Yes/No
- (d) In your opinion does the applicant suffer from a degree of deafness which would prevent his gearing the ordinary sound signals? Yes/No
- (e) In your opinion does the applicant suffer from right blindness. ? Yes/No
- (f) Has the applicant any defect or deformity or loss of memory 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 of the applicant (If the applicant so desires that the information may he noted in his driving licence)
- (b) RH factor of the applicant (If the Applicant so desires that the information may be noted in his driving licence.)

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

I cetify that I have personal examined the applicant I also certify that while examin- ing the applicant I have directed special attention to the distance vision and hearing ability, the conditions of the arms, legs, hands & joint of both extremities of the candidate and to the best of my judgement he is medically fit not fit to hold a driving hence.

The applicant is not medically fit so hold a licence for the following reasons.

Medical Certificate



Signature

1. Name and designation of the medical officer, Practitioner.

(Seal)

2. Registration Number of Medical Officer.

Date :

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.