

FORM 1-A
MEDICAL CERTIFICATE

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

(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 applicant :

2. Identification marks :

1.

2.
3. (a) Does the applicant to the best of your judgement suffer from any defect to vision? If so has it been corrected by suitable spectacle?

-

YES/NO
- (b) Can the applicant to the best of your judgement readily distinguish the pigmentary colours red and green?

-

YES/NO
- (c) In your opinion is he able to distinguish with eye his sight at a distance of 25 metres in good day light a motor car number plate

-

YES/NO
- (d) In your opinion 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 blindness?

-

YES/NO
- (f) Has the applicant any defect or deformity or less of member which would interfere with the efficient performance of his duties as a driver? If so. give your reasons and details.

-

YES/NO

OPTIONAL

- (a) Blood Group of the applicant (if the applicant so desires that the information may be noted in the 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 applicant in Form-1 as to his physical fitness is attached. I certify that I have personally examined the applicant

I 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 best of my judgement he is medically fit/not fit to hold a driving licence The applicant is not medically fit to hold licence for the following reasons :

AFFIX PASSPORT
SIZE PHOTO.
To be attested
by Medical
Officer across
the photo with seal.

Signature

1. Name and designation of the medical
Officer / Practitioner.
[Seal]

2. Registration Number of Medical Officer

Date : Signature or thumb impression of the candidate

NOTE : The Medical officer shall affix his signature over the photograph affixed in such a manner that part of his signature is upon the photograph and part on the certificate Seal also should be on the photo under the signature.



FORM 1

[See Rule 5 (2)]

APPLICATION-CUM-DECLARATION AS TO BE PHYSICAL FITNESS

1. Name of applicant :
2. Son / wife / daughter of :
3. Permanent address :
4. Temporary address :
official Address (if any)
5. (a) Date of birth :
(b) Age on date of application :
6. Identification mark (s) :
1.
2.

DECLARATION

- | | | |
|--|---|----------|
| (a) Do you suffer from epilepsy or from sudden attacks of loss of consciousness or giddiness from any cause? | — | YES / NO |
| (b) Are you able to distinguish with each eye (or if you have a driving licence to drive a motor vehicle for a period of 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 a distance of 25 meters 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 of either arm or leg? | — | YES / NO |
| (d) Can you really 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 unable to hear (and if the application is for driving a light motor vehicle with or without hearing aid) the ordinary should 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 here declare that to the best of my knowledge and belief, the particulars given above and the declaration made there in are true.

Signature or thumb impression
of the applicant

- Note: (1) An applicant who answers 'Yes' to any of the questions (a), (c), (e), (f) and (g) or 'No' to either of the questions [b] and [d] should amplify his answers with full particulars and may be required to give further information relating thereto.
- (2) This declaration is to be submitted invariably with medical certificate in form 1. A.