

**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 judgement readily distinguish the pigmentary colours, red and green? Yes/No
- (c) In your opinion ,is he able to distinguish with his eye sight at adistance 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 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 memory which would interfere with the efficient performance of his duties as a driver ? If so , give your reasons in detail. Yes/No

**Optional**

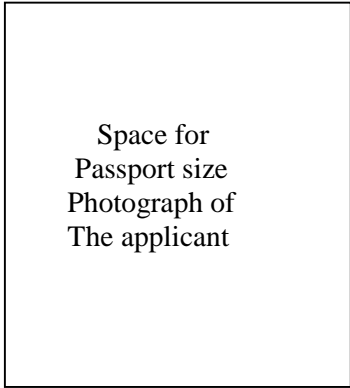
- (a) Blood Group of the applicant (If the applicant so desires that the information may be noted in his driving licence.)
- (b) RH factor of the applicant ( If the Applicant so desires that the information may be noted in his driving licence.)

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

I certify that I have personal 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 & 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 to hold a licence for the following reason:-

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Signature

1. Name and designation of the Medical Officer , Practitioner.

(Seal)

2. Registration Number of Medical Officer.

Date :

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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 .