

FORM 1-A
MEDICAL CERTIFICATE

[See Rule (1) 30.7(a)-14(d) and 18 (d)]

1. Name of Applicant
2. Identification marks (i)
- (ii)
- 3 (a) Does the applicant to the best of your judgment, readily suffer from any defect of vision? If so, has it been corrected by suitable spectacles? Yes/No
- (b) Can the applicant to the best of your judgment, readily distinguish the pigmentary colors, red and green? Yes/No
- (c) In your opinion, is he able to distinguish with his eye sight at a distance of 25 meters in good day 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 details. Yes/No
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- (g)

OPTIONAL

Blood group and RH factor of the applicant (if applicant so details that the information may be noted in his driving licence)

(a) Blood group (b) RH Factor

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

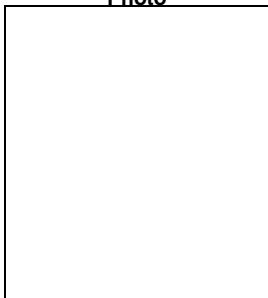
CERTIFICATE OF MEDICAL FITNESS

I certify that :

- (i) I have personally examined the applicant. Shri/Smt./Km.
- (ii) That while examining the applicant I have directed special attention to his/her distant vision.
- (iii) While examining the applicant I have directed special attention to his/her hearing ability, the condition of the arms legs, hand and joint of both extremities of the applicants :&
- (iv) I have personally examined the applicant for reaction time side vision and glare recovery, (applicable in case of persons applying for a licence to drive goods carriage carrying goods of dangerous or hazardous nature to human life)
- And, therefore I certify that to the best of my judgment, he/she is medically fit/not fit to hold a driving licence.
 - The applicant is not medically for to hold a licence for the following reasons
 - Strike out which is inapplicable.

Signature

Photo



1. Name and designation of the Medical Officer/Practitioner

(Seal)

2. Registration Number of Medical Officer

Date :

Signature or thumb impression of the candidate