

FORMS
[See Rule 2(b)]

FORM – I
[See rules 5, 7, 10(a) and 14(d)]

Medical Certificate in respect of an applicant for obtaining a Learner’s License/Driving License of renewal of a driving license.

PART I
TO BE FILLED IN BY THE APPLICANT

Space for
photograph of
the size 5 cm
by 6 cms.

1. Name of 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.....

Declaration as to Physical fitness to be given by the applicant:

- 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 at a distance of 25 meters in good day light (which glasses, if worn)? **Yes/No.....**
- c. Have you lost either head 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 or green? **Yes/No.....**
- e. Do you suffer from night blindness? **Yes/No.....**
- f. Are you so deaf so as to be unable to hear (and if the application is for a driving a light motor vehicles with or without hearing aid) the ordinary sound and signal? **Yes/No.....**
- g. Do you suffer from any other disease or disability likely to cause your driving of a motor vehicle to be source of danger to the 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 therein are true.

Signature of the Applicant.

Note:- An applicant who answers ‘YES’ to any of the questions (a), (c), (f), and (g) or ‘NO’ to either of the questions (b) and (d) should amplify his answer with full particulars and may be required to give further information relating thereto.