

FORM 1-A

{See rules 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 State Government or person authorised in this 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 eyesight 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 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 details. Yes/No

Optional

- (a) Blood Group of the applicant (if the applicant so desires that the information may be noted in his driving license)
- (b) RH factor of the applicant (if the applicant so desires that the information may be noted in his driving license)

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 the best of my judgement he is medically fit/not fit* to hold a driving license.

*The applicant is not medically fit to hold a license for the following reason : -

(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 such a manner that part of his signature is upon the photograph and part on the certificate.