

FORM 1

[See Rule 2, (b)]

MEDICAL CERTIFICATE IN RESPECT OF AN APPLICANT FOR OBTAINING A LEARNER'S LICENCE/DRIVING LICENCE OR RENEWAL OF DRIVING

[See rules 5,7,10,(a)]

(TO BE FILLED IN BY THE APPLICANT)

- 1. Name of applicant :
- 2. Wife/Son/Daughter :
- 3. Permanent address :
- 4. Temporary address (if any) :
- 5. Official address (if any) :
- 6. Date of Birth :
- 7. Identification marks : (1)
- (2)

DECLARATION AS TO PHYSICAL FITNESS TO BE GIVEN BY THE APPLICANT:

- (a) Do you suffer from epilepsy, or from sudden attack 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 (with glasses, if worn)? Yes/No
- (c) Have you lost either hand 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 and green? Yes/No
- (e) Do you suffer night blindness? Yes/No
- (f) Are you so deaf as to be unable to hear (and if the application is for driving a light motor vehicle, with or without hearing aid) the ordinary sound 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 hereby declare that to the best of my knowledge and belief the particulars given above and the declaration made herein are true.

Signature of applicant

Note : An application 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 relation therefore.

PART - II

(To be filled in by a registered medical practioner appoined for the purpose by the State Government or persons authorised in this behalf by the State Government referred to under sub section (3) of section 8)

- 1. Name of applicant :
- 2. Wife/Son/daughter :
- 3. Permanent address :
- 4. Temporary address (if any):
- 5. Official address (if any) :
- 6. Date of Birth :
- 7. Identification marks : (1)
- (2)

- (a) Is the applicant to the best of your judgement subject to epilepsy vertigo or any mental ailment likely, to affect his driving efficiency? Yes/ No
- (b) Does the applicant suffer from any heart or lung disorder which might interfere with the performancy of his duties as a driver? Yes/ No
- (c) Is their any defect of vision? if so, has it been corrected by suitable spectacle? Yes/ No
- (d) Can the applicant readily distinguish the pigmentary colours, red and green? Yes/ No
- (e) Does the applicant suffer from a degree of deafness which would prevent his hearing the ordinary sound signals? Yes/ No
- (f) Does the applicant suffer from night blindness? Yes/ No
- (g) Has the applicant any deformity or loss of membrance which would interfere with the efficient performance of his duties as a driver? if so, give your reasons in detail. Yes/ No
- (h) Does he show any evidence being addicted to excessive use of alchol tobacco or drugs? Yes/ No
- (i) Does he suffer from attacks of lose of consciousness from any cause? Yes/ No
- (j) Is able to distinguish with each eye at a distance of 25 meters in good day light a motor car number plate? Yes/ No
- (k) Is the Suffering from any defect in movement control or muscular power or either arm or limbs? Yes/ No
- (l) What is the height of the applicant? Do You consider that his height will be disadvantageous for him to have a clear vision of the road while driving? Yes/ No
- (m) Is he a mentally ill person? Yes/ No
- (n) Does he suffer from any other disease or disability likely to cause his driving a motor vehicle a source of danger to the public? Yes/ No
- (o) Is he in your opinion generally fit as regards Yes/ No

- (i) bodily health
- (ii) eye sight,
- (iii) Mental ability, and
- (iv) hearing ability?

(p) Blood Group of the applicant _____

(q) RH Factor of the applicant _____

I have examined the applicant. I am the opinion, that he is not fit to hold a driving Licence for the following reasons :-

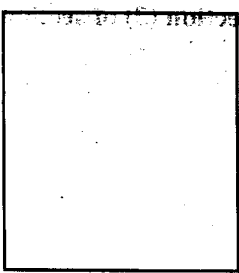
Date.....

Signature

[Name and Designation of the Medical Officer]

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 he is medically fit to hold a driving licence.



Signature :

Name and designation of medical Officer.

SEAL

Signature of the Candidate

Note :

- (1) The Medical Office shall affix his signature over the photograph in such manner that part of his signature is upon the photograph and part on the certificate.
- (2) Particulars of the Gazette where the Medical Officer's appointment is notified with reference to sub-section (3) of section 8 of the Motor vehicle Act. 1988 and the serial number in the list where his name appears.