

FORM 1-A

[See rules 5 (1), (3), 7 10 (a0, 14 (d) and 18 (d)]

Paste your recent photograph here

MEDICAL CERTIFICATE

(To be filled in by a registered medical practitioner appointed for the purpose by the State Government or person authorizes in this behalf by the State Government referred to under sub-section (3) of section (8)

- 1. Names 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 spectacles? 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/she able to distinguish with his eye-sight at a distance of 25 meters in a good day light a motor car number plate? Yes No
- (d) In your opinion, does the applicant suffer form 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 of 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
- (g)

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.

Certificate of Medical Fitness

Certify that:-

- (i) I have personally examined the applicant Shri/Smti/Kumari.....
- (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, hands and joints of both extremities of the applicant and;
- (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 knowledge, he/she is medically fit/not fit to hold a driving license.

The applicant is not fit to hold a driving license for the following reasons:-

Signature

- 1. Name and Designation of the Medical Officer/Practitioner (Seal)
- 2. Registration No. of Medical Officer

Date.....

Signature or thumb-impression of the Candidate

Note: 1 [(1)] The medical Officer shall affix his signature over photograph affixed in form 1 in such a manner that part of his/her signature is upon the photograph and part on the certificate.

2 [(2)] Dumb persons without deafness may be granted a valid certificate of driving license for non-transport vehicle