

FORM 1

[See Rules 5 (1) , (3); 7, 10 (A) and 14 (d)]

Medical certificate in respect of an applicant for obtaining a Learner's / Driving Licence or Renewal of a Driving Licence

[To be Filled in by The Applicant]

1. Name of the applicant _____
2. Son /wife/ daughter of _____
3. Present address _____

4. Permanent address _____
5. Date of Birth _____ Education _____
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 ? | No |
| [b] Are you able to distinguish with eye at a distance of 25 meters in good day light a motor car number plate ? | Yes |
| [c] Have you lost either hand or foot or muscular power of either arm or leg ? | No |
| [d] Can you readily distinguish the pigmentary colour, Red and Green ? | Yes. |
| [e] Do you suffer from night blindness ? | 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. ? | No. |
| [g] Do you suffer from any other disease or disability likely to cause you driving of a motor vehicle to be source of danger to the public ? , if so, give details. | No |

I hereby declare that to the best of my knowledge and belief, the particulars given above
And the declarations made herein are true.



Signature of the applicant.

Note- An applicant who answers 'Yes' to any of the question (a), (c), (e) and (g) or No to either of the questioners (b) and (d) should amplify his answers with full particulars, and may be required to give further information relating thereto.

FORM 1 A

[To be Filled in by Registered Medical Practitioner at least M.B.B.S.]

1. Name of the applicant _____

2. Son /wife/ daughter of _____

3. Present address _____

4. Permanent address _____

5. Date of Birth _____ Education _____

6. Identification Marks (1) _____

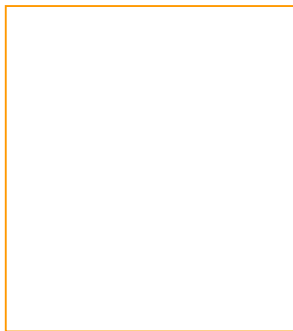
(2) _____

7.

- | | | | |
|--|-----|--|-----|
| a) Is the applicant to the best of your judgment subject to epilepsy, vertigo, or any mental ailment likely to affect his driving efficiency ? | No | h) Does he show any evidence of being addicted to excessive use of alcohol, tobacco or drugs ? | No |
| b) Does the applicant suffer from any heart or lung disorder which might interferes with the performance of his duties as a driver ? | No | i) Does he suffer from attacks of loss of consciousness from any cause ? | No |
| c) Is there any defecate of vision ? If so, has it been corrected by suitable spectacle either ? | No | j) Is he able to distinguish with each eye at a distance of 25 meters in good day light a motor car number plate ? | Yes |
| d) Can the applicant readily distinguish the pigmentary colours, red & green ? | Yes | k) Is he suffering from any defect in movement control or muscular power of arm or limb ? | No |
| e) Does the applicant suffer from a degree of deafness which could prevent him hearing from ordinary sound signals ? | 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 ? | No |
| f) Does the applicant suffer from night blindness ? | No | m) Is he a mentally ill person | No |
| g) has the applicant any deformity or loss of any member which would interfere with the efficient performance of his duties as a driver ? If so give your reasons in detail. | No | n) Does he suffer any other disease or disability likely to cause his driving a motor vehicle a source of danger to the public | No |
| | | o) Is he in your opinion generally fit as regards : | |
| | | i) bodily health | Yes |
| | | ii) eyesight | Yes |
| | | iii) mental ability | Yes |
| | | iv) hearing ability | Yes |

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 the driving licence



Signature of Medical officer _____

Seal of the Medical officer with Name Designation & Regd.No. _____

Date

Signature of the Candidate 

Note: the medical officer shall affix his signature over the photographs in such a manner that the part of his signature is upon the photograph and part on the certificate 2 Particulars of the Gazette where the medical officers appointment is notified with reference to sub section 3 of section 8 of the motor vehicles act 1988 and the serial number in the list where his name appears.