FORM 1-A

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

Application Date:

MEDICAL CERTIFICATE

[To be filled in by a reg	gistered medical p	practitioner appointe	d for the purpose b	y the State	Government o	r person
authorised in this beha	If by the State Go	overnment referred t	o under sub section	n (3) of sect	tion 8]	

1.Name of the applicant :

1A-Son/Wife/Daughter of :

1B-Permanent address :

1C-Date of birth : 2. Identification marks :

3.

- (a) Does the applicant, to the best of your judgment, suffer from any defect of vision? If so, has it been corrected by suitable spectacles?
- (b) In your opinion, is he able to distinguish with his eye sight at a distance of 25 meters in good day light a motor car number plate?
- (c) In your opinion, does the applicant suffer from a degree of deafness which would prevent his hearing the ordinary sound signals?
- (d) In your opinion, does the applicant suffer from night blindness?
- (e) Has the applicant any defect or 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.
- (f) 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

I certify that:-

(i) that I have personally examined the applicant Shri/Smt/Kum:

- (ii) that while examining the applicant I have directed special attention to her/his distant vision;
- (iii) while examining the applicant, I have directed special attention to his/her hearing ability, the conditon of the arms, legs, hands and joints of both extremities of the applicant;
- (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 dangerour or hazardous nature to human life); and
- (v) Applicant's colour vision has been tested using standard ishihara chart and the applicant has not been found suffering from severe or total colour blindness".

And, therefore, I certify that, to the best of my judgment, he is medically to hold a driving licence.

The applicant is

to hold a licence for the following reasons : -

Signature: null,null

1. Name and designation of the of Medical Officer / Practitioner

(Seal)

2. Registration Number of Medical Officer:

Signature or thumb impression of the candidate

Date: (null)

Note: -1. 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.

2. Dumb persons without deafness may be granted a valid certificate of driving licence for non-transport vehicle.