

FORM - 1

[See Rules 5 (2)]

Application cum-declaration as to be physical fitness

1. Name of the Applicant :	
2. Son/Wife/Daughter of :	
3. Permanent address :	
4. Temporary address :	
Official address (if any) :	
5. [a] Date of birth :	
[b] Age on date of application:	
6. Identification marks :	[a] [b]

Declaration :

- (a) Do you suffer from epilepay or from sudden attacks of loss of conciousness or giddiness from any case ? Yes/No
- (b) Are you able to distinguish with each eye { or of you hold a driving licence to drive a motor vehicle for period of not less than five years and if you have lost the sight of one eye after the said period of five years and if the application is for driving a light motor vehicle other than a transport vehicle fitted with on outside mirror on the steering wheel side} or with one eye, at a distance of 25 meters in good day light (with glasses,if worn) a motor can number plate? Yes/No
- (c) Have you lost either hand or foot or are you suffering from any defect 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 from 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 disabiliity likely to cause your driving 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 therein are true.

(Signature or thum impression
of the applicant)

- Note:-**
- (1) Application who answers 'yes' to the any of the questions, (a), (c), (e), (f) and (g) or No to either of any question (b) and (d) should amplify his answer with full particulars, and may be required to give further information relating thereto.
- (2) The declaration is to be submitted invariable with medical certificate in form 1-A.

FORM-1A MEDICAL CERTIFICATE

[See Rules 5(I), (3), 7, 10, (a), (14) (d) and 18 (d)]

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

1. Name of the Applicant :
2. Identification Marks [i]
 [ii]
3. (a) Does the applicant to the best of your judgement suffer from any defect of vision ?
If yes, has it been corrected by suitable spectacle ? Yes/No.
- (b) Can the applicant to the best of your judgement really distinguish the pigmentary colours red & green ? Yes/No.
- (c) In your Opinion is he able to distinguish with his eyesight at a distance of 25 meters ingood day light a motor car number plate ? Yes/No.
- (d) In your opinion does the applicant suffer from a degree of deofness which would prevent his hearing the ordinary sound signal ? Yes/No.
- (e) In your opinion does the applicant suffer night blindness ? Yes/No.
- (f) Has the applicant any defect or deformity or loss of member which would interere with the efficient performance of his duties as a driver give your reason in details ? Yes/No.
- (g)

OPTIONAL

- (a) Blood Group of the applicant (if the applicant so desire that the information my be noted in the driving licence).
- (b) RH factor of the applicant (if the applicant so desire that the information my be noted in his driving licence).

Declaration made by the applicant in From - I as to his physical fitness is attached.

I certify 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 the best of my judgement, he is medically fit/not fit to hold a driving licence.

The applicant is not medically fit to hold alicence for the following reasons :-



Date :

Signature

1. Name and designation of the Medical Officer/Practitioner

(Seal)
Registration Number of Medical Officer

Signature or thumb impression of the Candidate.....

Note - The Medical Officer shall affix his signature over the photograph affixed in a manner that part of his Signature is upon the Photograph and part on the certificate.