

FORM 1

[See Rule 5(2)]

Application-cum-declaration as to the physical fitness

1. Name of the applicant

2. Son/Wife/Daughter of

3. Permanent address

4. Temporary address Official address (if any)

5. Date of Birth

6. Identification marks

(1)

(2)

Declaration:

(a) Do you suffer from epilepsy, or from sudden attacks of loss of consciousness or giddiness from any cause?

Yes/No

(b) Are you able to distinguish with each eye (or if you have held a driving licence to drive a motor vehicle for a period of no

number plate?

Yes/No

(c) Have you lost either hand or foot or are you suffering from any defect or muscular power or 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 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?

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

(Signature or thumb impression of the applicant)

Note:

(1)An applicant who answers 'Yes' to any of the questions (a), (c), (e), (f) and (g) or 'No' to either of the questions (b) and (d) shall have to amplify his answers with full particulars, and may be required to give further information relating thereto.

(2)This declaration is to be submitted invariably with medical certificate in form 1-A

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1. Subs. by Noti. No. GSR 933(E) dated 28-10-1989.

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Rule 5(2): An application for a medical certificate shall contain a declaration in Form 1.

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