

FORM 1-A

Medical Certificate

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

1. Name of the applicant :

2. Identification Marks :

- (1)
- (2)

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 spectacle?

Yes / No

(b) Can the applicant to the best of your judgment readily distinguish the pigmentary colours, red and green?

Yes / No

(c) In your opinion, is he able to distinguish with his eye sight at a distance of 25 metres in good day light a motor car number plate.

Yes / No

(d) In your opinion does the applicant suffer from 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 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.

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:

I certify that :-

- (i) I have personally examined the applicant Shri/Smt/Kum.....
- (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 judgment, he is medically fit/not fit to hold a driving licence.

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

Signature

1. Name and Designation of the Medical Officer/Practitioner

(Seal)

2. Registration Number of Medical officer

Signature or thumb-impression of the candidate.....

Space for passport size photograph of the applicant

Date :

Note:- 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.