

**FORM M.C.CON.**  
(Rule 18 of Delhi Motor Vehicles Rules, 1992)  
**FORM OF MEDICAL CERTIFICATE FOR A CONDUCTOR**  
(To be filled in by a Registered Medical practitioner)

1. Name of the person examined.....
2. Name of father.....
3. Apparent age..... Date of Birth.....
4. Is the person examined to the best of my judgement, fit physically to perform the duties of a conductor of a stage carriage?
5. Does he show any evidence of being addicted to the excessive use of alcohol or drugs?
6. Marks of Identification.....
7. Certified that the person examined has affixed his signature or thumb impression hereto in my presence and that to the best of my knowledge and belief the above statements are true and that the attached photograph is a reasonably correct likeness of the person described.

Dated:

Signature or thumb impression of person examined

Space for Photograph

Name.....  
Signature.....  
Designation.....  
Regn. No.....  
Address.....