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.

 (a) Date of Birth : ....……………………….......................

(b) Age on date of Application : ....…................................…..................

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 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 an
outside mirror on the steering wheel side) or with one eye, at a
distance of 25 metres in good daylight (with glasses, if worn)
a motor car number plate ?   Yes / No

c) Have you lost either hand or foot or are you suffering from
any defect of muscular power of either arm or leg?   Yes / No

d) Can you readily distinguish the pigmentary colours, red & 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 disability likely to cause
.your driving of 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

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                        (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) should 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 the Form1-A