

Transport Department

Form-1-A

[See Rules 5 (1) , (3) , 7 , 10 (a) ,14 (d) and 18(d)]

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)

Name of the Applicant

Identification Marks (1).....

(2).....

3. (a) Does the applicant, to the best of your judgement, suffer from any defects of vision ? If so, has it been corrected by suitable Spectacles. ? **Yes /No**

(b) Can the applicant, to the best of your judgement, readily distinguish the pigmentary colors, red and green ? **Yes /No**

(c) In your Opinion, is he able to distinguish with his eyesight at a distance of 25 metres in good daylight 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 defects or deformity or loss of member which would interfere with the efficient performance of his duties as a driver ? **Yes /No**

If so, give your reasons in details (g)
?Yes /No

OPTIONAL

- a. Blood Group of the applicant (If the applicant so desires that the information may be noted in his driving licence.)
- b. RH factors 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.

iv. I have personally examined the applicant for reaction time ,side vision and grace recovery, (applicable in case of person 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 judgement, he is medically

Fit/not fit to hold a driving Licence]

The Applicant is not medically fit to hold a License for the following reasons:-



Date
Signature

1. Name and Designation of the Medical Officer/Practitioner
2. Seal
3. Registration Number of Medical Officer.
4. Signature of thumb impression of the candidate

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.

