

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 authorised in this behalf by the State Government referred to under sub-section (3) of Section 8.]

1. Name of the applicant :
- 1A. Son/ wife/ daughter of :
- 1B. Permanent Address:
- 1C. Date of Birth:
2. Identification marks (1) :
- (2) :
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Declaration:

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 Spectacles? 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 eyesight 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 detail. 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).

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.—to drive a vehicle other than an adapted vehicle

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

Date:

Signature or thumb impression of the

candidate

Note 1. - 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.]

2. Dumb persons without deafness may be granted a valid certificate of driving licence for non-transport vehicle.
