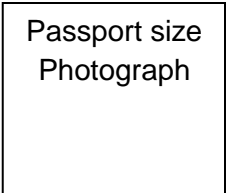


FORM 1A
[See rules 5(1),(3),7,10(a),14(d), and 18(d)]



MEDICAL CERTIFICATE

Application Date:_____/_____/_____

[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: : _____

(a)Does the applicant, to the best of your judgment, suffer from any defect of vision? If so, Yes / No
has it been corrected by suitable spectacles ?

(c) In your opinion, is he able to distinguish with his eye sight at a distance of 25 meters in Yes / No
good day light a motor car number plate ?

(d) In your opinion, does the applicant suffer from a degree of deafness which would Yes / No
prevent his hearing the ordinary sound signals ?

(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 Yes / No
the efficient performance of his duties as a driver? If so, give your reasons in details.

(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 her/his distant vision; (iii) while examining the applicant, I have directed special attention to his/her hearing ability, the conditon 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 glare recovery, (applicable in case of persons applying for a licence to drive goods carriage carrying goods of dangerour or hazardous nature to human life); and

(v) Applicant’s colour vision has been tested using standard ishihara chart and the applicant has not been found suffering from severe or total colour blindness”.

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 _____to hold a licence for the following reasons : -

Signature : _____

1. Name and designation of the of
Medical Officer / Practitioner

2.Registration Number of Medical : _____
Officer:
(Seal)

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