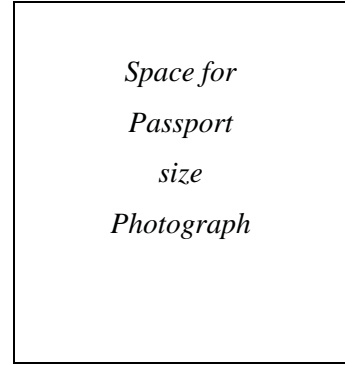


FORM 1A

[Refer 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)
- 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 details. : 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)

Declaration made by the applicant in Form I 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; 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).
- 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 judgement, 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

*Name and designation of the
Medical Officer / practitioner*

Date

Reg No of the Medical Officer

Office seal

Signature or thumb impression of the candidate

Notes

- 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.