

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 ?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 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

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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:-

Space for Passport
Size Photograph of the
Applicant
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

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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.