

FORM 1-A MEDICAL CERTIFICATE

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

[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 : SANDGER V.S
2. Identification marks
 - (1) 1 Scar on the forehead
 - (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 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).

Declaration made by the applicant in Form-1 as to his physical fitness is attached.

I certify that I have personally examined the

applicant SANDGER V.S I also
Certify that while examining the applicant I have directed special attention to the distant vision and hearing ability, the condition of the arms, legs, hands and joints of both extremities of the applicant and to best of he judgment, he is medically fit/not fit to hold a driving licence.

The applicant is not medically fit to hold a licence for the following reasons.

Signature:

1. Name and designation of the Medical Officer/Practitioner Dr. RAJESH CHELLIS, MBBS, D.O.M.S
REG. No. 23901 EYE SURGEON
2. Registration Number of Medical Officer _____

Signature or thumb impression of the candidate

Date:

13/8/2022

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.

