

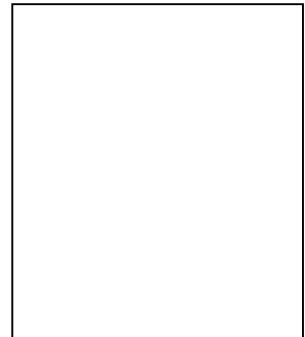
CERTIFICATE FOR VISUAL STANDARDS FOR DRIVING

(See instructions overleaf before filling up the Certificate)

I have examined Mr. Ms. Smt aged and his / her visual standards are as follows:

Photograph of candidate

(To be signed upon by the Ophthalmologist)



I. Visual Acuity

Visual Acuity	A Unaided	B Corrected	Sph	Cyl	Axis	C Binocular Corrected
RE						
LE						

II. Night blindness

III. Squint

IV. Field (Degrees) Horizontal Vertical

V. Funduss RE LE Any other significant ocular morbidity Candidate is Fit/ Unfit to drive a Category I / II vehicle

Unfit due to criteria mentioned above.

(Category - I means Non Transport Vehicles which include Motor Cycles, Motor Cars, etc. Specified as such in Central Government Notification No. S.O. 1248 (E) dated 5th November 2004 as non - transport vehicles

(Category - II means Transport vehicles which include Auto rickshaws, Taxis, Stage Carriage, Contract Carriages, Goods Carriages, Private Service Vehicles etc. specified as such in the said Notification.

Signature of the candidate:

Place:

Signature of Ophthalmologist Seal

Date:

Sea

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.]

1. Name of the applicant:

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 colors red and green? Yes/No
(c) In your opinion, is he able to distinguish with his eyesight at a distance of 25 meters 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 license),
(b) RH factor of the applicant
(if the applicant so desires that the information may be noted in his driving license).

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

I certify that I have personally examined the applicant Shri/Smt/KumI also certify that while examining the applicant I have directed special attention to the distend vision and hearing ability, the condition of the arms, legs, hand and joints born extremities of the candidate and to the best of my judgment he/she is medically fit / not fit to hold a driving license.

The applicant is not medically fit to hold a license for the following reasons:

.....

.....

Space for Passport size Phorograph of Applicant

Signature:

1, Name and designation of the Medical Officer/Practitioner

(Seal)
2, Registration Number of Medical Officer

Signature or thumb impression of the candidate

Date.....

Strike out whichever is inapplicable

FORM 9

SEE RULE 18 (1)

FORM OF APPLICATION FOR THE RENEWAL OF DRIVING LICENCE

I, Shri / Smt / Kumari

(son/wife/daughter of

hereby apply for the renewal of my driving licence which is attached and particulars of which are as follows.

a) Number

b) Date of issue

c) Licensing Authority by which
the license was issued

d) Licensing Authority by which

the license was last renewed

Number and date of renewal

e) Class of vehicle authorized to be driven

f) Date of expiry of license to drive

i) Transport vehicle

ii) Vehicle other than transport vehicles

My present address is

If this address is not entered on the license I do/do not wish that it should be so entered. If the license is not attached, reasons why it is not available?

If the license was not renewed within thirty (30) days of the date of expiry, reasons for delay.

• *The renewal of license has not been refused by any Licensing Authority.*

• *I have not been disqualified for holding or obtaining driving license. My license has not been revoked.*

• *I enclose a Medical Fitness Certificate Form I-A*

• *I enclose three copies of my recent passport size photographs.*

• *I have paid the fee of Rs*

I hereby declare that to the best of my knowledge and belief the particulars given above are true.

Signature or thumb impression of applicant

Name

Date:.....

Address:.....