

FORM 1A

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

2. Identification Marks

1

2

3. Declaration

- a. Does the applicant to the best of your judgement suffer from any defect of vision If,so,has it been corrected by suitable spectacle? Yes ☐ No ☐
- b. Can the applicant to the best of your judgement 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 memory 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

(b). Rh factor of the applicant

(If the applicant so desires that the information be noted in his Driving Licence)

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

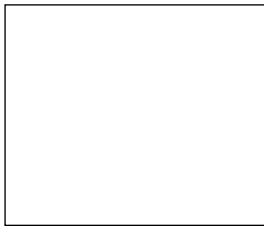
Certificate of Medical Fitness

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).

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 Licence for the foloowing reasons:



Signature / thumb impression
of the candidate

Signature:
Name, designation and Reg. No. of
Medical Officer/Practitioner(seal)

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.