

FORM 1-A

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

Application Date:

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 : *Thekiniath Jose Paul.*
- 1A-Son/Wife/Daughter of :
- 1B-Permanent address :
- 1C-Date of birth :
2. Identification marks :
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*
 - (b) In your opinion, is he able to distinguish with his eye sight at a distance of 25 meters in good day light a motor car number plate? *Yes*
 - (c) In your opinion, does the applicant suffer from a degree of deafness which would prevent his hearing the ordinary sound signals? *No*
 - (d) In your opinion, does the applicant suffer from night blindness? *No*
 - (e) 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. *No*
 - (f) 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

Certificate of Medical Fitness

I certify that:-

- (i) that I have personally examined the applicant *Shri/Smt/Kum: Thekiniath Jose Paul*
- (ii) that while examining the applicant I have directed special attention to her/his 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 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
- (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 judgment, he is medically *fit* to hold a driving licence.

The applicant is



for the following reasons:-

Signature : null, null

1. Name and designation of the of Medical Officer, Practitioner

(Seal)

2. Registration Number of Medical Officer:

Signature or thumb impression of the candidate

Date :

- Note :- 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.

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