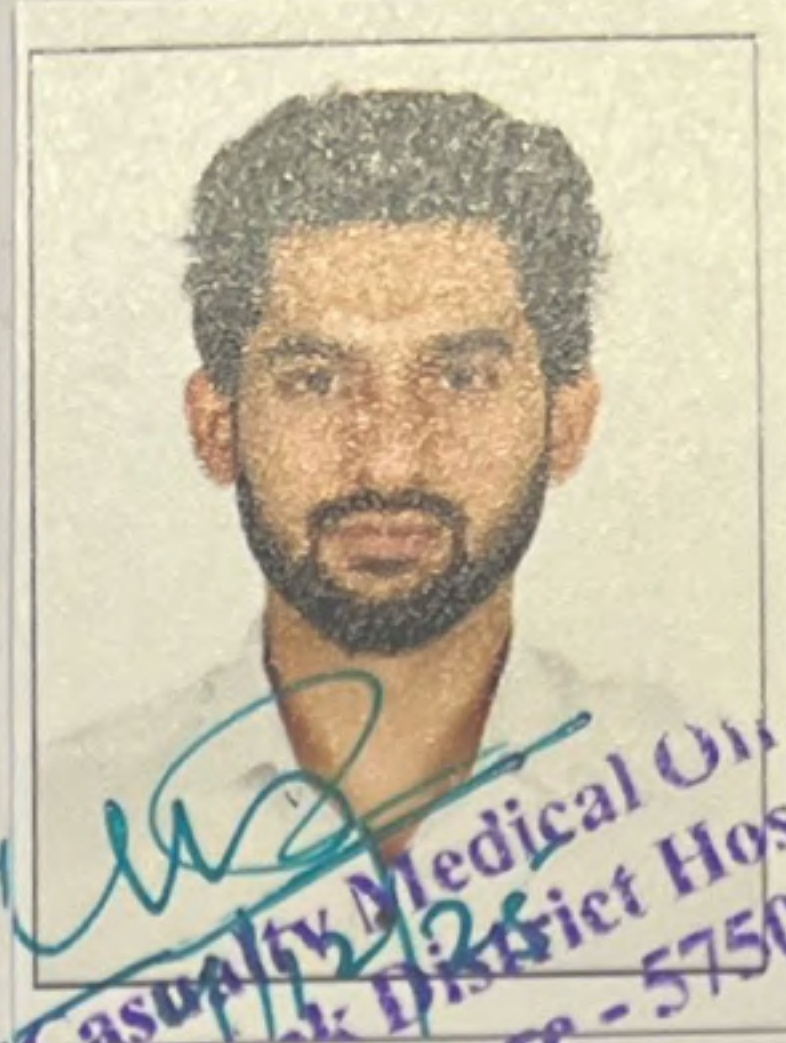


# FORM 1A

[Refer 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 authorised in this behalf by the State Government referred to under sub-section (3) of section 8)

1. Name of the applicant
- 1A Son/~~wife~~/daughter of
- 1B. Permanent Address
- 1C. Date of Birth]
2. Identification marks

AHMED SHARAZ

IMTHIAZ GURPUR AHMED  
21-3-163/2 ZEENATH, 1<sup>st</sup> MAIN CROSS, SUBHASH NAGAR, MANGALORE, KARNATAKA  
19-05-2000  
S 75001

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?
- (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?
- (d) In your opinion, does the applicant suffer from a degree of deafness which would prevent his hearing the ordinary sound signals?
- (e) In your opinion, does the applicant suffer from night blindness?
- (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 details.

(1) LEFT ARM  
(2) BELOW RIGHT EAR  
Yes/No ✓

✓ Yes/No

✓ Yes/No

✓ Yes/No

✓ 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 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. Ahmed Sharaz;
- (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).
- (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 judgement, he is medically fit/not fit to hold a driving licence to drive a vehicle other than an adapted vehicle.

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

1. Name and designation of the medical officer/practitioner  
(Seal)  
KMC 20082 Babu.  
**Casualty Medical Officer**  
**Wenlock District Hospital**  
**Mangalore - 575001**
2. Registration number of medical officer  
Signature or thumb impression of the candidate  
A. J. J.

Date : 4/12/2025

**Notes 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.