

**FORM 1-A**

5236873625

**[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 : **RAMESH HANKUNE**
- 1A-Son/Wife/Daughter of : **SHANKAR**
- 1B-Permanent address : **FLAT NO A-208, SAI SANKUL JADHAV NAGAR S NO 759, DHAYARI PUNE, 411041**
- 1C-Date of birth : **01-06-1973**
2. Identification marks : **1.....**
3. **2.....**
- (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) 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/No
- (c) In your opinion, does the applicant suffer from a degree of deafness which would prevent his hearing the ordinary sound signals ? Yes/No
- (d) In your opinion, does the applicant suffer from night blindness ? Yes/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. Yes/No
- (f) Optional
- (a) Blood group of the applicant (if the applicant so desires that the information may be noted in his driving licence). Unknown
- (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: RAMESH HANKUNE
- (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 Fit to hold a licence for the following reasons : -



Signature : ,  
1. Name and designation of the of Medical Officer / Practitioner

(Seal)  
2. Registration Number of Medical Officer:

**2 2 2 1**

Signature or thumb impression of the candidate

Date : **( RAMESH HANKUNE )**

- 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.