

## Application –cum-declaration as to the physical fitness

- 1.Name of the applicant : DHEERENDRA KUAMR SINGH
2. Father's Name : LKSHMAN SINGH
- 3.Permanent address : 109  
Dadara  
Marihan,Mirzapur,UP  
231001
- 4.Temporary address : 109  
Official address (if any) Dadara  
Marihan,Mirzapur,UP  
231001
5. (a) Date of birth : 22-03-1994  
(b) Age on date of application : 25 years
6. Identification marks :

## Declaration :

(a) Do you suffer from epilepsy, or from sudden attacks of loss of consciousness or giddiness from any cause ?

Yes / No ☒

(b) Are you able to distinguish with each eye ( or if you have held a driving licence to drive a motor vehicle for a period of not less than five years and if you have lost, the sight of one eye after the said period of five years and if the application is for driving a light motor vehicle other than a transport vehicle fitted with an outside mirror on the steering wheel side) or with one eye, at a distance of 25 metres in good day light (with glasses , if worn) a motor car number plate?

Yes / No ☒

(c) Have you lost either hand or foot or are you suffering from any defect in movement, control or muscular power of either arm or leg ?

Yes / No ☒

(d) Can you readily distinguish the pigmentary colours, red and green ?

☒ Yes / No

(e) Do you suffer from night blindness ?

Yes / No ☒

(f) Are you so deaf as to be unable to hear ( and if the application is for driving a light motor vehicle, with or without hearing aid) the ordinary sound signal ?

Yes / No ☒

(g) Do you suffer from any other disease or disability likely to cause your driving of a motor vehicle to be a source of danger to the public, if so, give details?

Yes / No ☒

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



Signature or thumb impression of the applicant  
( DHEERENDRA KUAMR SINGH )

Note : - (1) An applicant who answers 'Yes' to any of the questions (a),(c),(e), (f) and (g) or 'No' to either of the questions (b) and (d) should amplify his answers with full particulars, and may be required to give further information relating thereto.  
(2) This declaration is to be submitted invariably with Medical Certificate in 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 authorised in this behalf by the State Government referred to under sub-section (3) of Section 8]

1. Name of the applicant : DHEERENDRA KUAMR SINGH

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 / No

(b) Can the applicant, to the best of your judgment, readily distinguish the pigmentary colours, red and green ?

Yes / No

(c) In your opinion, is he able to distinguish with his eye sight 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 member which would interfere with the efficient performance of his duties as a driver? If so, give your reasons in details.

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).

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(b) RH factor of the applicant (if the applicant so desires that the information may be noted in his driving licence).

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