

# CENTRAL MOTOR VEHICLE RULES, 1989

FORM 1-A

Appl No:1991065219 Dt:07-07-2019

## 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 : KOUSHIK MONDAL

2. Identification marks :

(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). .....

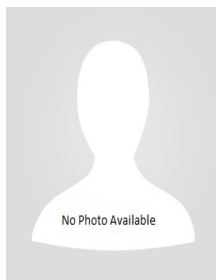
(b) RH factor of the applicant (if the applicant so desires that the information may be noted in his driving licence). .....

Declaration made by the applicant in Form 1 as to his physical fitness is attached  
Certificate of Medical Fitness

I certify that I have personally examined the applicant..... KOUSHIK MONDAL

I also certify that I have personally examined the applicant I have directed special attention to the distant vision and hearing ability, the condition of the arms, legs, hands and joints of both extremists of the candidate and to best of the my judgment he is medically fit/no fit to hold a driving license.

The applicant is not medically 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

Signature or thumb impression of the candidate  
( KOUSHIK MONDAL )

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.