FORM 1

APPLICATION-CUM-DECLARATION AS TO PHYSICAL FITNESS

| | | [See Rule 5(2)] |
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| 1. | Name of the Applicant | Pankaj Sharad Salokhe |
| 2. | Son/Wife/Daughter of | Sharad Shankar Salokhe |
| 3. | Permanent address | 'Gurukrupa', Vitthal Nagar, Karjat, Raigad. 410201 |
| 4. | Official / Temporary | |
| | address (if any) | |
| 5. | Date of birth | Date |
| | Age on date of application | 29 |
| 6. | Identification marks | (1) Mark on right side of face (2) |
| DE | CLARATION: | (2) |
| (a) | | m sudden attacks of loss of consciousness or |
| (a) | giddiness from any cause? | Yes/No. |
| (b) | drive a motor vehicle for a period o the sight of one eye after the said per driving a motor vehicle other than a | th eye (or if you have held a driving license to f not less than five years and if you have lost, eriod of five years and if the application is for transport vehicle fitted with an outside mirror ye, at a distance of 25 metres in good day light number plate? |
| (c) | Have you lost either hand or foot or are you suffering from a defect or muscular power of either arm or leg? Yes/Yo. | |
| (d) | Can you readily distinguish the pigm | nentary colours, red and green? |
| (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 | |
| | the declaration made therein are true. | whedge and belief, the particulars gives above gnature or thumb impression of the application) |
| No | te: (1) Applicant who answers `Yes' to or `No' to either of the question | to any of the questions (a), (c), (e), (f) and (g) and (d) should amplify his answers with required to give further information relating |

(2) This declaration is to be submitted invariably certificate in Form 1-A.

thereto.