

## 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 : JHALAK NAGPAL SHARMA

2. Identification marks : 1.STICHES ON THE EYE

(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 Shri/Smt/Kum: JHALAK NAGPAL SHARMA

I also certify that I have personally examined the applicant I have directed special attention to her/his distant vision, hearing ability, the condition of the arms, legs, hands and joints of both extremities of the applicant; and 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 to human life) And, therefore, I certify that, 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

( JHALAK NAGPAL SHARMA )

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.