FORM 1-A

[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 : **SPECIMEN APPLICANT**

1A-Son/Wife/Daughter of : SPECIMEN GUARDIAN

1B-Permanent address : [ADDRESS LINE 1]
[PIN]

1C-Date of birth : DD-MM-YYYY

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 discharge 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 declares that the information may be noted in his driving licence) —

(b) RH factor of the applicant (if the applicant so declares 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: **SPECIMEN APPLICANT**

(ii) that while examining the applicant I have directed special attention to his/his distant vision;

(iii) while examining the applicant, I have directed special attention to his/her hearing ability, the conditon 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 : -

APPLICANT PHOTO

Signature : ,

1. Name and designation of the of Medical Officer / Practitioner

(Seal)

2. Registration Number of Medical Officer:

- specimen -

Signature or thumb impression of the candidate

Date :

(SPECIMEN APPLICANT)

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.

SAMPLE
SPECIMEN - NOT A VALID CERTIFICATE