FORM 1-A

[see rule 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 Government or person authorised in the behalf ,by the State Government referred to under sub-section (3) of section 8.

1. Name of the Applicant 2. Identification Marks : (1) (2) 3. (a) Does the applicant to the best of your Yes/No judgement suffer from any defect of vision? If so ,has it been corrected by suitable spectacle? (b) Can the applicant to the best of your Yes/No judgement readily distinguish the pigmentary colours, red and green? (c) In your opinion, is he able to distinguish Yes/No with his eye sight at adistance of 25 meters in good day light a motor car number plate? (d) In your opinion does the applicant suffer Yes/No from a degree of deafness which would prevent his hearing the ordinary sound signals? (e) In your opinion does the applicant suffer Yes/No from night blindness? (f) Has the applicant any defect or deformity Yes/No or loss of memory which would interfere with the efficient performance of his duties as a driver? If so, give your reasons in detail.

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.

The applicant is not medically fit to hold a licence for the following reason:-

Space for Passport size Photograph of The applicant (Seal) 2. Registration Number of Medical Officer. Date:

Note: The Medical Officer shall affix his signature over the photograph affixed in a manner that part of his signature is upon the photograph and part on the certificate.