



FORM-1

[See rule 5.7.10 (a) and 14 (d)]

MEDICAL CERTIFICATE IN RESPECT OF AN APPLICATION FOR (A.P) OBTAIN
LEARNER'S LISENCE.DRIVING LISENCE

PART-1

(TO BE FILLED BY THE APPLICANT)

PHOTO

1. Name of applicant :

2. Son/Wife/Daughter of:

3. Permanent address :

4. Temporary address :

Official address (if any) :

5. Date of Birth :

Identification marks (1)

(2)

DECLARATION AS A PHYSICAL FITNESS TO BE GIVEN BY THE APPLICANT

a) Do you suffer for epilepsy or from sudden attack to lose of consciousness or giddiness from any cause?

Yes/No

b) Are you to distinguish with each eyes at distance of 25 miters in good day light with glasses if worm?

Yes/No

c) Have you lost either hand or foot or are you suffering from any defect in movement control or muscular power of either arm or leg?

Yes/No

d) Can you readily distinguish the pageantry colours red or green? Yes/No

E) Do you suffer from night blindness?

Yes/No

F) Are you so deaf as to be unable to hear and if driving a light motor vehicle with or without hearing the ordinary sound signal?

Yes/No

g) Do you suffer from any other diseases or disability likely to cause you driving of a motor vehicle to be source of danger to the public if is so give detail? Yes/No

I hereby declare that to the best of my knowledge and belief the particulars are given above and the declaration made herein are true.

To be filled by a registered medical practitioner appointed for the purpose by the state government or person authorized in the behalf by the State Government referred to under sub- section (3) of section (8)

1. Name of applicant :
2. Son/Wife/Daughter of :
3. Permanent address :
4. Temporary address :
5. Date of Birth :
6. Identification marks (1).....(2).....



- a) If the applicant to be best of your judgment subject to epilepsy vertigo or any mental ailment likely to affect this driving efficiency? Yes/No
- b) Does the applicant suffer from any heart or lung disorder which interfere with the performance of these duties as a driver? Yes/No
- c) Is there any defect in vision? If so, has it been corrected by suitable spectacles? Yes/No
- d) Can the applicant readily distinguish the pigimentary colour red and green? Yes/No
- e) Does the applicant suffer from a degree of deafness which would prevent its hearing the ordinary sound signal? Yes/No
- f) Does the applicant suffer from night blindness? Yes/No
- g) Has the applicant any deformity or loss of member which would interfere with the efficient performance of these duties as a driver so give your reason details.
- h) Does he show any evidence of being addicted to excess use of alcohol tobacco /drugs? Yes/No
- i) Does he suffer attacks of loss consciousness from any cause? Yes/No
- j) Is he able to distinguish with each eye at a distance of 25 meters in good day light a motor car number plate? Yes/No
- k) Is he suffering from any defect in movement control or muscular power of either arm or limb? Yes/No
- l) What is the height of the applicant? Do you consider that this height will be disadvantages for him to have a clear vision of the road while driving? Yes/No
- m) Is he mentally ill person? Yes/No
- n) Does he suffer from any other diseases of disability likely to cause his driving motor vehicle a source of danger to the public? yes/No
- o) Is he in your opening generally fit as regards?
 - i) Body health
 - ii) Eye sight
 - iii) Mental ability
 - iv) Hearing ability
- p) Blood Group of applicant: -

q) RH Factor of the applicant –

I have examined the applicant, I am of the opinion, that he is not fit to hold a Driving Licence for the following reasons :-

.....
.....

Signature

Name and Designation of the
Medical Officer

Date

Certify that I have personally examined the applicant

.....
also certify that while examining the applicant I have directed special attention to the distance vision and hearing ability, the condition of the arms, legs hands and joints of both extremities of the candidate and he is medically fit to hold a driving license.

Signature

Name and Designation of the
Medical Officer

Date.....

(SEAL)

Signature of the candidate

- Note -
- 1) The Medical Officer shall affix his signature over the Photograph in such a manner that part of his signature is upon the photograph and part on the candidate.
 - 2) Particular of the Gazette where the Medical Officers appointment is notified with reference to Sub-Section (3) of section (3) of the Motor Vehicle Act, 1988 and the serial number in the list where his name appears.