

**FORM : 1- A**

[ See rules 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 State Government of persons authorised in his behalf by the State Government referred to under sub - section (3) of section (8)]*

[Space For  
Passport size  
photograph of  
the applicant]

1. Name of the applicant : .....
2. Identification marks : (1) .....
- (2) .....
3. (a) Does the applicant, to the best of your judgement, suffers 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 judgement readily distinguish the pigmentary colours, red and green? Yes / No
- (c) In your opinion, is he able to distinguish with eye sight at a distance of a 25 meters on good day light a motor car number plate? Yes /No
- (d) In your opinion, does the applicant suffers 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
  - (i) Blood group of the applicant (if the applicant so desires that the information may be noted in his driving licence). .....
  - (ii) RH factor of the applicant (if the applicant so desiresthat that the information may be noted in his driving licence) .....

Declaration made by the applicant in Form 1 as to his physical fitness in attached, <sup>62</sup>

**Certificate of Medical Fitness**

I certify that : -

- (i) I have personally examined the applicant Shri / Smt. / Kum .....
- (ii) That while examining the applicant I have directed special attention to his/her distant vision ; and joints of both extremities of the applicant; and
- (iii) 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, therefore, I certify that, to the best of my judgement he is medically fit/ not fit to hold a driving licence. ]

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

1. Name and designation of the Medical Officer  
Practitioner ..... Signature with Seal
2. Registration number of Medical Officer .....  
..... Signature or thumb-impression of the candidate

62. Vide G. S. R. 221 (E) dated 28-03-2001 ( w.e.f. 28-03.2001 )

63. Substituted by G.S.R., 338, (E) dated 26-03-1993 (-w.e.f. 26-03-1993 )