Price R

No. : AA

[FORM 1]

[See rule 5 (2)]

APPLICATION-CUM-DECLARATION AS TO PHYSICAL FITNESS

1. Name of the Applicant :.....
2. Son / wife / daughter of :.....
3. Permanent Address :.....
4. Temporary Address :.....

   Official Address (if any) :.....
5. (a) Date of birth :.....

   (b) Age on date of Application .....
6. Identification Marks : (1) .....

   (2) .....

DECLARATION :

(a) Do you suffer form epilepsy, or from sudden attacks of loss of consciousness of giddiness from any cause ? Yes / No

(b) Are you able to distinguish with each eye (or if you held a driving licence to drive a motor vehicle for a period of not less than five years and if you have lost the sight of one eye after the said period of five years and if the application is for driving a light motor vehicle other than transport vehicle fitted with an outside mirrof on the steering wheel side) or (with one eye, at a distance of 25 meters in good day light with glasses, if worn) a motor car number plate ? Yes / No

(c) Heve you lost either hand or foot or are you suffering from any defect of muscular power of either arm of leg ? Yes / No

(d) Can you readilv distingish the pigmentary colours red and green ? Yes / No

(e) Do you suffer from night blindness ? Yes / No

(f) Are you so deaf so as to be unable to hear (and if the application is for driving a light motor vehicle, with or without hearing aid) the ordinary sound signal ? Yes / No

(g) Do you suffer from any other disease or disability likely to cause your driving of a motor vehicle to be a source of danger to the public, if so, give details. Yes / No

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

.....

(Signature or thumb-impression of the applicant)

Notes : (1) An applicant who answers 'Yes' to any of the questions (a), (c), (e), (f) and (g) or 'No' to either of the questions(b) and (d) should amplify his answer with full particulars, and may be required to give further infomation relating hereto.

(2) This declaration is to be submitted invariably with medical certificate in Form 1-A.

[1] Substituted by G.S.R. 933(E), dated 28-10-1989 (w.e.f. 28-10-1989)