

DECLARATION AS TO PHYSICAL FITNESS

[See Rule 5(1)]

1. Name of the applicant .....
2. Son/Wife/Daughter of .....
3. Permanent address .....
4. Temporary address .....
5. (a) Date of birth .....
- (b) Age on date of application .....
6. Identification marks .....

Declaration:

- (a) Do you suffer from epilepsy or from sudden attacks of loss of Consciousness? -----No-----
- (b) Are you able to distinguish with each eye or with one eye at a distance of 25 metres in good day light (with glasses, if worn) a motor car number plate? -----Yes-----
- (c) Have you lost either hand or foot or Are you suffering from any defect of Muscular power of either arm or leg? -----No-----
- (d) Can you readily distinguish the Pigmentary colours, red and green? -----Yes-----
- (e) Do you suffer from night blindness -----No-----
- (e) Are you so deaf so as to be unable To hear the ordinary sound signal? -----No-----
- (f) 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? -----No-----

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

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(Signature or thumb impression, of the applicant)