

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, ⁶¹

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)