

**FORM 1-A\***

**MEDICAL CERTIFICATE**

[See Rule 5(1), 3(), 7, 10(a), 14(d) and 18(d)]

1. Name of the Applicant .....
2. Identification marks (1).....
- (2).....
3. (a) Does the applicant to the best of your judgement suffer from any defect of vision ? Is so, has it been corrected by suitable spectacles ? Yes/No.
- (b) Can be 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 his eye sight at a distance of 25 metres in good day light a motor car number plate Yes/No
- (d) In your opinion, does the applicant suffer 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 ? Is so give your reasons in details Yes/No.

(g) \_\_\_\_\_

\_\_\_\_\_

**OPTIONAL**

Blood Group and RH factor of the applicant (if the applicant so desires that the information may be noted in his driving licence)

(a) Blood Group \_\_\_\_\_ (b) RH factor \_\_\_\_\_

Declaration made by the applicant in Form-1 as to his physical fitness is attached.

P.T.O.