

FORM 1-A*
MEDICAL CERTIFICATE

[To be filled in by a registered medical practitioner appointed for the purpose by the State Government or person authorized in this behalf by the State Government referred to under sub-section (3) of section (8)]

1. Name of the applicant:
 2. Identification marks:(1)
 - 3.(a) Does the applicant to the best of your judgment suffer 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 judgment, readily distinguish the pigment colors, red and green ? Yes/No
 - (c) In your opinion, is he able to distinguish with his eye sight at a distance of 25 meters 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? If so give your reasons in details. Yes/No
-
.....

OPTIONAL

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

- (a) Blood Group.....
- (b).....

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

CERTIFICATE OF MEDICAL FITNESS

I certify that:-

- (i) I have personally examined the applicant, Shri/Smt/Km.....
.....
- (ii) That while examining the applicant I have directed special attention to his/her distant vision.
- (iii) While examined the applicant I have directed special attention to his/her hearing ability, the Condition of the arms, legs, hands and joint of both extremities of the applicant; &
- (iv) I have personally examined the applicant for reaction time, side vision and glare recovery, (Applicable)
In case of persons applying for a license to drive goods carriage carrying foods of dangerous Or Hazardous nature to human life).
And, therefore I certify that to the best of my judgment, he/she is medically fit/not fit to hold a driving license.

- The applicant is not medically fit to hold a license for the following reasons
.....
- Strike out which is in applicable

Signature:

Space for
passport
size
photograph

1. Name and designation of the Medical officer/Practitioner
(Seal)
2. Registration Number of Medical Officer
3. Date:
4. Signature or thumb impression of the candidate

Note: The medical Officer shall affix his signature over the photograph in such a manner that part of his signature is upon the photograph affixed and part on the certificate.