

**Form 1**  
**[Rule 5(2)]**  
**Application on cum-declaration on as to the physical fitness**

- 1. Name of the application -----
- 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 consci-  
 ness or giddiness from any cause? Yes/No
- b) Are you able to distinguish with each eye(or if you have held a driving  
 licence to drive a motor vehicle for a period of not less than five year  
 and if you lost,the sight of one eye after the said period of five years  
 and the application is for driving a light motor vehicle other than a  
 transport vehicle fitted with au outside mirror on the steering wheel  
 side)or with one eye, at a distance 25 metres in good day light (with  
 glasses,if worn)a motor car number plate? Yes/No
- c) Have you lost either hand or foot or are you suffering any defect or  
 muscular power of either arm or leg? Yes/No
- d) Can you readily distinguish the pigmentary color,red and green? Yes/No
- e) Do you suffer from night blindness? Yes/No
- f) Are you so deaf 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 disbility likely to cause your  
 driving of a motor vehicle to be a source of danger to public,if so give  
 details? Yes/No

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

(Signature or thumb impression of the applicant)

Note:(1) An application who answer 'Yes'to any of the question(a),(c),(e),(f)  
 of the question(b)and(d)should ampligy his answer with full parti-  
 culers,and may be require to give further information relating there  
 to.  
 (2) this declaration is to be submitted invariably with medical certifi-  
 cate Form1--A.

**FORM 1-A**  
Medical Certificate

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

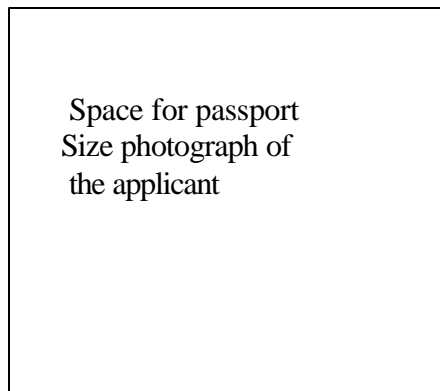
1. Name of the applicant: -----  
2. Identification Marks (1)-----  
(2)-----
- (a)Does the applicant to the best of your judgement suffer from any defect of vision.If so,has it been corrected by suitable spectacle? Yes/No  
(b)Can the applicant to the best of your judgement readily distinguish the pigmentary colours, red and green? Yes/No  
(c)In our 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 your reason in details. Yes/No  
(g)Optional  
(a) Blood Group of the applicant -----  
(b) RH factor of the applicant -----  
(If the applicant so desires that the information may be noted in his driving licence).

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

I certify that i have personally examined the applicant-----  
I also certify that while examining the applicant I have directed special attention to the distance vision and also certify that while examining the applicant I have directed special attention to the distance vision and hearing ability,the condition of the arms, legs, hands and joints of both extremities of the candidate and to 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 reason:--

Signature:



1. Name and designation of the Medical Officer/practitioner

(Seal)

2. Registration Number of Medical Officer

Signature or thumb impression of the candidate -

Date:-----

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

