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FORM 1

[RULE 5(2)]

Application -cum- declaration as to the physical fitness

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1 Name of the applicant

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 Mark   (1)

                              (2)

          Declaration:

a) Do you suffer from epilepsy, or from sudden attack of loss of consciousness 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 & if you lost, the sight of one eye after the said period of five years & if the application is for driving a light motor vehicle other than a transport vehicle fitted with an outside mirror on the steering wheel side) or with one eye, at a distance of 25 meters 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 colours, 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 disability likely to cause your driving of a motor vehicle to be source of danger to public, if so give detail ?

Yes/No

I hereby declare that the best of my knowledge and belief, the particulars above and the Declaration made therein is true.

(Signature or Thumb impression of the applicant)

Note:(1) An applicant who answer 'Yes' to any the question (a) ,(c), (e),(f) and (g) or 'No' to either of the question (b) and (d) should ampligy his answer with full particulars, and may be require to give further information relation there to.

(2) This declaration is to be submitted with medical certificate in Form 1-A.

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FORM 1-A
Medical Certificate

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[To be field in by a Registered Medical practitioner appointed by the state Govt. or person
authorised in this behalf by the State Govt. 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 judgment suffer from any defect of vision. If so, has it been corrected by suitable spectacle ?

(b) Can the applicant to the best of your judgment readily distinguish the pigmentary colours red & green ?

(c) In your opinion, is he able to distinguish with his eye sight at the distance of 25 meters in good day light a motor car number plate ?

(d) In your opinion does the applicant suffer from a degree of deafness which would prevent his hearing the ordinary sound signals ?

(e) In your opinion does the applicant suffer from night blindness ?

(f) Has the applicant any defect or deformity or less of member which would interfere with the efficient performance of his duties as a driver ? If so give your reason in details .

(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 applicant   . I also certify that while examining the applicant I have direct special attention to the distance vision and hearing ability, the condition of the arm, legs, hands and joints both extremities of the candidate and to best of my judgment 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:-

Signature

PASSPORT SIZE PHOTO

1. Name and the designation of the medical Officer/Practitioner.

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 affixed such a meaner that part of his signature is upon the photograph and part on the certificate.