

**FORM 1A**

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

**MADICAL CERTIFICATE**

Space for  
passport size  
photograph

[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 applicant .....
- 2. Identification Marks (1) .....
- (2) .....

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 pigmentary colours, red and green? Yes/No

(c) In your opinion, is he able to distinguish with his eyesight 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 reasons in details. Yes/No

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Optional

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(g) (a) Blood group of the applicant (if the applicant so desires that the information ,may be noted in his driving license).

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

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./ Kumari .....  
.....
- (ii) That while examining the applicant, I have directed special attention to his/her distant vision.
- (iii) While examining the applicant, I have directed special attention to his/her hearing ability, the condition of arms, legs, hands and joints of both extremities of the applicant; and
- (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 goods of dangerous or hazardous nature to human life).

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And, therefore, I certify that, to the best of my judgment, he is medically fit/ not fit to hold a driving license.

The applicant is not medically fit to hold a license for the following reasons: -

.....  
Signature  
1. Name and designation of the Medical  
Officer/Practitioner

(seal)

2. Registration number of Medical Officer