FORM 1-A
MEDICAL CERTIFICATE
[See Rule (1) 30.7(a)-14(d) and 18 (d)]

1. Name of Applicant .................................................................

2. Identification marks (i) .................................................................
   (ii) ...........................................................................................

3. (a) Does the applicant to the best of your judgment, readily 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 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 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
   (g) ..............................................................................................

OPTIONAL

Blood group and RH factor of the applicant (if applicant so details 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.

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 examining the applicant I have directed special attention to his/her hearing ability, the condition of the arms legs, hand and joint of both extremities of the applicants:
(iv) I have personally examined the applicant for reaction time side vision and glare recovery, (applicable in case of persons applying for a licence to drive goods carriage carrying goods 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 licence.
   - The applicant is not medically fit for to hold a licence for the following reasons ...........................................
   - Strike out which is inapplicable.

Signature

Photo

1. Name and designation of the Medical Officer/Practitioner

   (Seal)

2. Registration Number of Medical Officer

Date: ........................................ Signature or thumb impression of the candidate