

CENTRAL MOTOR VEHICLE RULES, 1989

FORM 1-A

MEDICAL CERTIFICATE

(SEE RULES 5,7,10,(a) 14 (d AND 18 (d)

To be filled in by a registered medical practitioner appointed for the purpose by the State Government or person authorised 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).....

2).....

a) Does the applicant to the best of your judgment suffer any defect of vision. If so, has it been corrected by suitable spectacle

Yes/No

b) Can the applicant to the best of your judgment readily distinguishing the pigmentary colours, red and green ?

Yes/No

c) In your opinion, he able to distinguish his eye sight at a distance of 25 meters in good daylight 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

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.

I certify that I have personally examined the applicant
..... I also certify that I have personally examined the applicant I have directed special attention to the distant vision and hearing ability, the condition of the arms, legs, hands and joints of both extremists of the candidate and to best of the my judgment he is medically fit/no fit to hold a driving license.

The applicant is not medically to hold a license for the following reasons.....
.....
.....



Date.....

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

.....
2. Registration Number of Medical Officer

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Signature or thumb impression of the candidate

Note: The Medical Officer shall affix his signature over the photograph