

**FORM-1A**  
**MEDICAL CERTIFICATE**  
 (Rule 5(1), (3), 7, 10(a), 14(d) and 113(d))

(To be filled in by a registered Medical practitioner appointed the State Government or authorized in this behalf by the State Government referred to under Sub-Section 3 of Section 9)

1. Name of the 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?
- b) Can the applicant to the best of your judgment readily distinguish the pigmentary colors. Red and green?
- c) In your opinion is he able to distinguish with his eye sight of n distances 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 that would prevent his hearing the ordinary sound signals?
- e) In your opinion does the applicant suffer from night blindness?  
 Has the applicant any defect or deformity or loss or member which interfere with the efficient performance of his duties as a driver? Is so, give your reasons in details
- h) .....

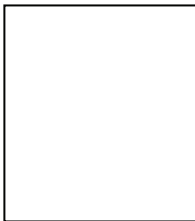
**OPTIONAL**

- a) Blood Group of the applicant (if the applicant so desires that the information may be noted in his driving licence)
- 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-I as to his physical fitness is attached.

I certify that I have personally examined the applicant/I have directed special Test of the Distant vision and hearing ability, the condition of arms, legs hand and joints of both extremities of the candidate and to the best of my judgment he is medically fit/not it to hold a driving Licence.

The applicant is not medically fit to hold a licence or the following reasons:



Signataure  
 Name and designation of the  
 Medical Officer/Practitioner

Seal  
 Regn.No. of the Medical Officer  
 Signature/Thumb impression of the applicant

**NB: The Medical Officer shall affix his signature partly on the photo and partly on Certificate.**