

**MEDICAL CERTIFICATE**

**[ See Rules 34 to 41 and 52 ]**

(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.

1 Name of Applicant :

2 Marks of identification 1 :

2 :

3 (a) Does the applicant to the best of your judgment suffer from any defect of vision?

Yes/No

If so, has it been corrected by suitable spectacle?

Yes/No

(b) Can the applicant to the best of your judgment readily distinguish the pig-mentary colours, red and green?

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

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 the opinion does the applicant suffer from night blindness? Or deformity or lose of number which would interfere with the efficient performance of his duties as a driver?

Yes/No

If so, give your reasons in details:

I certify that I have personally examined the

applicant.....

I also certify that while examining the applicant I have directed special attention to the distant vision and hearing ability the condition of the arms, legs, heads, hand joints of both extremities of the candidate and to the 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:-

**PHOTO**

Signature

1. Name and designation of the Medical Officer/Practitioner

2. Registration Number of Medical Officer