

**FORM IA**  
[See rules 5(1), (3), 7, 10(a), 14(d) and 18(d)]  
**MEDICAL 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 subsection (3) of section 8.]

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. 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 metres 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 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 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.

Certificate of Medical Fitness

I certify that -

- (i) I have personally examined the applicant Shri/ Smt./Kum .....
- (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, hands and joint 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 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 is medically fit / not fit to hold a driving licence.

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

.....

Signature:

1. Name and designation of the Medical Officer / Practitioner  
(Seal)
2. Registration number of Medical Officer.

Date : .....

Signature or thumb impression of the candidate.

**Note -**

1. The medical officer shall affix his signature over the photograph affixed in such a manner that part of his signature is upon the photograph and part of the certificate.
2. Dump persons without deafness may be granted a valid certificate of driving licence for non-transport vehicle.