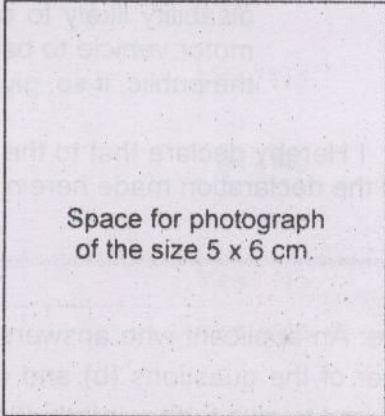


FORM - 1

[See rules 5, 7, 10, (a) and 14 (b)]

Medical Certificate in respect of an applicant for obtaining a learners licence / driving licence or renewal of a driving licence.



PART - 1 (TO BE FILLED IN BY THE APPLICANT)

- 1) Name of the Applicant
- 2) Son / Wife / Daughter of
- 3) Permanent Address
- 4) Temporary Address
- Official Address (if any)
- 5) Date of Birth
- 6) Identification Marks
1.
2.
- 7) Declaration as to physical fitness to be given by the applicant
 - a) Do you suffer from epilepsy or from sudden attacks of loss of consciousness or giddiness from any cause ? Yes / No.
 - b) Are you able to distinguish with each eye at a distance of 25 meters in good day light (with glasses, if worn) ? Yes / No.
 - c) Have you lost either hand or foot or are you suffering from any defect in movement control or muscular power of either arm or leg ? Yes / No.
 - d) Can you readily distinguish the pigmentary colours, red and green ? Yes / No.
 - e) Do you suffer from night blindness ? Yes / No.

f) Are you so deaf as to be unable to hear (and if the application is for driving a light motor vehicle, with or without hearing aid) the ordinary sound signal ?

Yes / No.

g) Do you suffer from any other disease or disability likely to cause your driving of a motor vehicle to be a source or danger to the public, if so, given details ?

Yes / No.

I Hereby declare that to the best of my knowledge and belief, the particulars given above and the declaration made herein are true :

Signature of the applicant

Note: An applicant who answers 'Yes' to any of the questions (a), (c), (e), (f) and (g) or, 'No' to either of the questions (b) and (d) should amplify his answers with full particulars, and may be required to give further information relation there to.

PART - II

(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 offered to under sub-section (3) of section (8)

1) Nam of the applicant

2) Son / Wife / Daughter of

3) Permanent address

4) Temporary address

5) Date of birth

6) Identification Marks

1)

2)

7) (a) if the applicant to the best of your judgment subject to epilepsy vertigo or any mental ailment likely to effect this driving efficiency ? Yes / No

(b) Does the applicant suffer from any heart or lung disorder which might interfere with the performance of his duties as a driver ? Yes / No

(c) Is there any defect of vision ? If so, has it been corrected by suitable spectacle Yes / No

(d) Can the applicant readily distinguish the pageantry colour's red and green Yes / No

(e) Does the applicant suffer from a degree of deadness with would prevent his hearing the ordinary sound signals ? Yes / No

(f) Does the applicant suffer from night blindness? Yes / No.

(g) Hass the applicant any deformity or loss of member which interfere with the efficient performance of his duties as a driver ? If so, give your reasons in detail ? Yes / No.

- (h) Does he show any evidence of being addicted to exclusive use of alcohol, tobacco or drugs ? Yes / No.
- (i) Does he suffer from attacks of loss of consciousness from any cause ? Yes / No.
- (j) Is he able distinguish with each eye at distance of 25 meters in good day light a motor car number plate ? Yes / No.
- (k) Is he suffering from any defect in movement control or muscular power of either arm or limp ? Yes / No.
- (l) What is the height of applicant? Do you consider that this height will be disadvantageous for him to have a clear vision of the road while driving ? Yes / No.
- (m) Is he a mentally ill person ? Yes / No.
- (n) Does he suffer from any other, disease or disability likely to cause his driving a motor vehicle a source of danger to the public ? Yes / No.
- (o) Is he in your opinion generally fit as regards
 - (i) Bodily health ?
 - (ii) Eye sight ?
 - (iii) Mental ability ?
 - (iv) Hearing ability ? Yes / No.

(a) Blood Group of the applicant

(b) RH Factor of the applicant

I have examined the applicant I am of the opinion that he is not fit to hold a driving Licence for the following reasons.

.....

.....

Signature

Name and Designation of the

Date.....

Medical Officer.....

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 hands and joints of both extremities of the candidate and he is medically fit to hold a driving licence.

Signature

Name and Designation of the

Date.....

Medical Officer.....

(SEAL)

Signature of the candidate.....

Note : (1) The medical officer shall affix his signature over the photograph in such a manner that part of his signature is upon the photograph and part on the certificate.

(2) Particulars of the Gazette where the Medical Officer's appointments is notified with reference to sub-section (3) of section 8 of the Motor Vehicles, Act, 1988 and the serial number in the list where his name appears.

(a) Blood Group of the applicant.

(b) RH Factor of the applicant.

I have examined the applicant I am of the opinion that he is not fit to hold a Driving Licence for the following reasons :-

Signature

Name and Designation of the

Date.....

Medical Officer.....

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 aims legs hands and joints of both extremities of the candidate and he is medically fit to hold a driving licence.

Signature

Name and Designation of the

Date.....

Medical Officer.....

(SEAL)

Signature of the candidate.....

Note : (1) The medical officer shall affix his signature over the photograph in such a manner that part of his signature is upon the photograph and part on the certificate.

(2) Particulars of the Gazette where the Medical Officer's appointments is notified with reference to sub-section (3) of section 8 of the Motor Vehicles, Act, 1988 and the serial number in the list where his name appears.

FORM —2

[See Rule 10]

FORM OF APPLICATION FOR THE GRANT OR RENEWAL OF LEARNER'S LICENCE

To

The Licensing Authority

Space for
Photograph of the
size 5x6 cm

I hereby apply for a licence authorizing me to drive as a learner, the following motor vehicle(s):

- (a) Motor Cycle without Gear
- (b) Motor Cycle with Gear
- (c) Invalid Carriage
- (d) Light Motor Vehicle
- (e) Three wheeler Non-Transport
- (f) Medium Goods Vehicle
- (g) Medium Passenger Motor Vehicle
- (h) Heavy Goods Vehicle
- (i) Heavy Passenger Motor Vehicle
- (j) Road Roller
- (k) Three wheeler goods vehicle & Cab.
- (l) LMV Goods Vehicle & Cab

Motor Vehicle of the following description

PARTICULARS TO BE FURNISHED BY APPLICANT

1. Full Name
2. Son/Wife/Daughter of
3. Permanent Address
Proof to be enclosed

4. Temporary Address

Official Address (if any)

5. Date of Birth (proof to be enclosed)

6. Educational qualifications

7. Identification Marks

- 1.
- 2.

8. Blood Group

RH Factor

9. I hold an effective driving licence to drive

(a) Motor Cycle/Light Motor Vehicle/Medium Passenger Motor Vehicle, Medium Goods Vehicle with effect from.....

10. Particulars of any driving licence previously held by applicant. Whether it was cancelled and if so, for what reasons ?

11. Particulars of any learner's licence previously held up applicant in respect of the description of vehicle to which the applicant has applied.

12. Have you been disqualified for holding obtaining driving licence or learner's licence if so, for what reasons ?

13. I enclosed 3 copies of my recent photographs (Photograph to be the size of 5 cm by 6 cm)

14. I enclosed medical fitness certificate dated

issue by (Doctor)

15. I have submitted alongwith my earlier application for learner's Licence I enclosed the written consent of parent/guardian (in case of applicant being a minor)

16. I enclosed driving certificate dated.....issued by.....
(Name and address of the driving school)

17. I have paid the fee of Rs.....

18. I am exempted from the medical test under rule 6 of Central Motor Vehicles Rules, 1989,

19. I am exempted from the preliminary test under rule 11(2) of Central Motor Vehicles Rules, 1989.

Strike out whichever is inapplicable.

Date :

Duplicate Signature of applicant

Signature of applicant

Declaration under Sub-Section (2) of Section 7 of the Motor Vehicles Act, 1988.

Shri/Kumari..... Son/Daughter of.....
..... who is a minor is under my care and I accept responsibility for his/her driving. If at a later date I decide not to accept responsibility for his/her driving shall intimate the licensing authority in writing for the cancellation of the licence. I give my consent for his/her obtaining learner's licence.

Signature.....

Name and full address of the

Parent/Guardian

Relationship.....

(To be signed in the presence of the Licensing Authority or person authorized in this behalf by the Licensing Authority)

FOR OFFICE USE

The applicant is exempted from the medical test under rule 6 and the preliminary test under rule 11(2) of the Central Motor Vehicles Rules, 1989.

Learner's Licence may be issued.

*The applicant was tested with reference to rule 11 (1) of the Central Vehicles Rules, 1989.

He has passed the test Learner's Licence may be issued.

*He has failed in the test (Reasons should be specified).

Learner's Licence may be refused.

Signature of Licensing Authority
other person authorized in this behalf.

*Strike out whichever is inapplicable.