

FORM MEDICAL CERTIFICATE

FORM-1

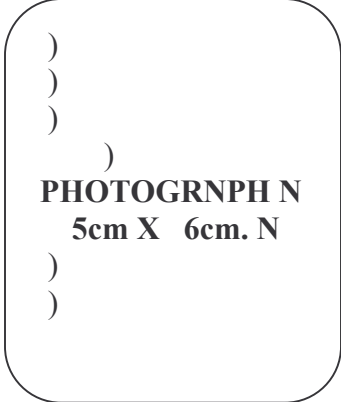
[SEE RULE 5, 7, 10, (a) & (b)]

Medical certificate in respect of an application for obtaining a learner's license, driving licenses or renewal of a driving licence.

PNRT-1

(TO BE FILLED BY THE APPLICANT)

- 1. Name of the applicant:
2. Son/Wife/Daughter of:
3. Permanent address:
4. Temporary address:
5. Date of Birth:
6. Identification mark :-)



Declaration as to physical fitness to be given by the applicant.)

- a) Do you suffer from epilepsy or from any cause?
b) Are you able to distinguish with each eye at a distance of 25 Meters in good day light with glassless if worn?
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?
d) Can you readily distinguish the pigimentary colour red & green?
e) Do you suffer from night blindness?
f) Are you so deaf as to be unable to hear (if the applicant is for?
g) Do you suffer from any other disease of likely to cause your Driving of a motor vehicle to be source of danger to the public

I here by declare that to the best of my knowledge and belief the particulars given above and the declaration made here in are true.

Signature of Applicant

Note:- An applicant who answer yes to any of the question a,c,e,f,&g or No to either of the question b & d should amplify his answer with full particulars and may be required to give further information relating thereto.)

PNRT -II

(To be filed by registered medical practitioner appointed for purpose by the state government or Person authorized in this behalf by the state Government referred to under (subsection [3] or section or section [8])

- 1. Name of the applicant:
2. Son/Wife/Daughter of:
3. Permanent address:
4. Temporary address:
5. Date of Birth:
6. Identification mark :-)

