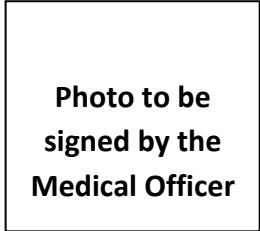


**MEDICAL CERTIFICATE**

[To be filled in by a registered medical practitioner/ medical officer of Central/State Government]



- 1.Name of the applicant :
- 2. Identification marks :

(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 spectacles ?.....(Yes/No)

(b) In your opinion, is he able to distinguish with his eye sight at a distance of 25 metres in good day light? .....(Yes/No)

(c) In your opinion, does the applicant suffer from a degree of deafness which would prevent his hearing the ordinary sound signals ?  
.....(Yes/No)

(d) In your opinion, does the applicant suffer from night blindness ?  
.....(Yes/No)

(e) Has the applicant any defect or deformity or loss of member which would interfere with the efficient performance of his duties as a driver?  
.....(Yes/No)

If so, give your reasons in details.

.....  
.....  
.....

**Certificate Of Medical Fitness**

I certify that:-

(i)that I have personally examined the applicant Shri:

(ii) that while examining the applicant I have directed special attention to her/his 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 joints of both extremities of the applicant;

(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

(v) Applicant's colour vision has been tested using standard Ishihara chart and the applicant has not been found suffering from severe or total colour blindness.

And, therefore, I certify that, to the best of my judgment, he is medically fit/not fit to hold a Certificate of Competency.

**(If the applicant is not found fit)**

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

Signature :

1. Name and designation of the Medical Officer / Practitioner

(Seal)

2. Registration Number of Medical Officer:

Signature or thumb impression of the candidate  
(to be made in presence of the Doctor)

**Date:**

Note : -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 on the certificate.