

# Form

[See Rule 2 (b)]

Form 1

[See Rules 5,7,10, & 14 (b)]

Medical certificate in respect of an application obtaining a  
Learner's license driving license or renewal of a driving license.

## *PART-I*

(To BE FILLED IN THE APPLICANT)

1. Name of the applicant \_\_\_\_\_
2. *Son/Wife/daughter of* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Permanent Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Temporary Address office Address \_\_\_\_\_  
\_\_\_\_\_
5. Date of Birth \_\_\_\_\_
6. Identification Marks  
\_\_\_\_\_ 1. \_\_\_\_\_  
\_\_\_\_\_ 2. \_\_\_\_\_  
\_\_\_\_\_

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) 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) d) Can you readily distinguish the pigementary colours, red and green? YES/NO
- e) e) Do you suffer from night bidness? YES/NO
- f) 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 if? YES/NO

- g) g) Do you suffer from any other disease or disability YES/NO  
likely to cause your driving of a motor vehicle to a source of danger to the public, if  
so give details,

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

Signature of the applicant.

Note: An applicant who answer 'Yes' to any of the question (a), (c), (e), (f) and or 'No' to  
either of question (b) and (d) should simplify his answer with full particulars and may  
required to give further information relating thereto.

## PART II

(To be filled in a registered medical practitioner appointed for the purposes by the  
State Government or person authorized in this behalf by the State Government referred  
to under sub section (3) of section (8).

**1. Name of the applicant** \_\_\_\_\_

**2. Son/Wife/Daughter of** \_\_\_\_\_

3. Permanent address \_\_\_\_\_

4. Temporary address \_\_\_\_\_

**5. Date of birth**  
\_\_\_\_\_

6. Identification Marks  
\_\_\_\_\_

7. (a) If the application to the best of your judgment YES/NO  
subject to epilepsy vertego, or any mental.
- (b) Dose me applicant suffer from any heart or YES/NO  
lung disorder which might interface with the  
performance of his duties as a driver?
- (c) Is there any defect of vision? If so has it been YES/NO  
corrected by suitable spectacle.
- (d) Can that applicant readily distingue in the YES/NO  
pigmentary colours, red and Green?
- (e) Does the applicant suffer from a degree deafness which YES/NO  
would prevent his hearing the ordinary sound signals?
- (f) Does the applicant suffer from night blindness? YES/NO
- (g) Has the applicant any difermity or loss or member which YES/NO  
would interfere with the efficient performance of his duties  
as a driver? If so give you season in details?

- (h) Does he show any evidence of being address to excessive use of alcohol tobacco or drugs? YES/NO
- (i) Does he suffer from attack at less of consciousness from any cause. YES/NO
- (j) Is he able to distinguish with each eye as a distance of 25 meter in good day light motorcar number plated. YES/NO
- (k) Is he suffering from any defect in movement control or muscular or power of either arm or limb? YES/NO

(l) What is the height of the applicant? Do you consider that height will be disadvantageous for him to have clear vision of the road while driving? YES/NO

(m) Is he mentally ill person? YES/NO

(n) Does he suffer from any other disease or ability likely to cause his driving a motor vehicle a source danger to the public? YES/NO

(o) Is he you opinion generally fit as regards

1. 1. Bodily health
2. 2. Eye sight
3. 3. Mental ability
4. 4. hearing ability

p) Blood Group of the applicant \_\_\_\_\_

(q) RH Factor examined the applicant. I am of the opinion. That he is not fit to hold a Driving License for the following reason.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_  
 Name and designation of the  
 Medical officer \_\_\_\_\_

I certify that I have personally examined the applicant \_\_\_\_\_ I also certify the while examining the applicant I have directed special attention to the distant vision and hearing to condition of the arms, legs, hands and joints of both extremities of the Candidate and he is medically fit to hold a driving licence.

Date \_\_\_\_\_

Signature \_\_\_\_\_  
 Name and designation of the  
 Medical Officer \_\_\_\_\_

(Seal)

\_\_\_\_\_  
 Signature of the Candidate

NOTE: (1) Medical officer shall affix his signature over the photograph in such a manner that part of signature is up to the photograph and part on the certificate,

(2) Particulars of the medical officer appointment is notified with reference to sub-section [3] of section 8 of vehicle Act, 1988 and the serial number in the list where his name appears.

FORM 8

*[See Rule –17 (1)]*

APPLICATION FOR THE ADITION OF A NEW CLASS OF VEHICLE TO A DRIVING LICENCE

To

The Licensing Authority,  
Hisar,

I sh. \_\_\_\_\_ hereby apply for the addition of the following class/classes of motor vehicle to the attached licence.

- (a) (a) Motor Cycle without gear.
- (b) (b) Motor Cycle with gear
- (c) (c) Invalid carriages.
- (d) (d) Light Motor Vehicles.
- (e) (e) Medium goods Vehicles
- (f) (f) Medium passengers Motor Vehicles
- (g) (g) Heavy goods Vehicles
- (h) (h) Heavy passenger Motor Vehicles
- (i) (i) Road Rollers.
- (j) (j) Motor vehicle of the following description.

I, enclose

- [a] A medical certificate in form
- [b] Learner's Licence in form 3
- [c] Driving Licence in Form 6/7
- [d] Driving Certificate in Form 5 if the application to drive a transport vehicle,
- [e] I have paid the fee of Rs. \_\_\_\_\_

***Dated*** \_\_\_\_\_  
***Impression***

***Signature or Thumb***

Of Applicant

Certificate of test of competence to drive,

The applicant has passed/failed in the test specified in rule 15 of the Central Motor Vehicles Rules, 1989. The test was conducted on a \_\_\_\_\_  
(here enter description of Vehicle) on \_\_\_\_\_

Signature of Testing Authority Name & Designation