

[FORM 1]

[See rule 5 (2)]

APPLICATION CUM-DECLARATION AS TO PHYSICAL FITNESS

| 1. | Name of the Applicant | - | |
|-----|--|---|---|
| 2. | Son/wife/daughter of | - | |
| 3. | Permanent Address | <u> </u> | |
| 4. | Temporary Address | <u></u> | *************************************** |
| | Official Address (if any) | : | *************** |
| 5. | (a) Date of birth | : | |
| | (b) Age on date of Application | n | |
| 6. | Identification Marks | :(1) | *************************************** |
| | | (2) | |
| | | | |
| DE | CLARATION: | | |
| (a) | Do you suffer form epileps giddiness from any cause | sy, or from sudden attacks of loss of consciousness of | Yes / No |
| (b) | Are you able to distinguish with each eye (or if you held a driving licence to drive a motor vehicle for a period of not less than five years and if you have lost the sight of one eye after the said period of five years and if the application is for driving a light motor vehicle other than transport vehicle fitted with an outside mirrof on the steering wheel side) or (with one eye, at a distance of 25 meters in good day light with glasses, if worn) a motor car number plate? Yes / No | | |
| (c) | | | Yes / No |
| (d) | Can you readily distingish the pigmentary colours red and green ? | | Yes / No |
| (e) |) Do you suffer from night blindness ? | | Yes / No |
| (f) | Are you so deaf so 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 of danger to the public, if so, give details. Yes / No | | |
| | ereby declare that, to the bes detherein are true. | t of my knowledge and belief, the particulars given above and the | e declaration |
| | | | |
| | (Signature or thumb-impression of the applicant) | | |
| | | | |

- Notes: (1) 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 answer with full particulars, and may be required to give further infomation relating hereto.
 - (2) This declaration is to be submitted invariably with medical certificate in Form 1-A.