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 : .....
4. Temporary Address : .....

   Official Address (*if any*) : .....
5. (a) Date of birth : .....

   (b) Age on the date of applicant : .....
6. Identification marks : (1) .....

   : (2) .....

Declaration:

(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 (or if you have 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 a transport vehicle fitted with an outside mirror 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) Have you lost either hand or foot or are you suffering from any defect of 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 of danger to the public? If so give details. Yes/No

I hereby declare that to the best of my knowledge and belief, the particulars given above and the declarations made therein are true.

(*Signature/Thumb impression of the Applicant*)

Note – (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 answers with full particulars and he may be required to given further information relating there to.

(2) This declaration is to be submitted invariably with Medical Certificate in Form 1-A.