

NATIONAL BANK OF PAKISTAN BANK SLIP FOR DRIVING LICENSE FEE DISTRICT MALAKAND GOVT: OF KPK

MD-4281

C-02637

(MOTOR DRIVING FEE)

Please tick/ circle

(1) Learner (2) Test Page (3) Fresh License (4) Renewal

ORIGINAL

CNIC # \_\_\_\_\_

NAME: \_\_\_\_\_

Receive the sum of Rs. \_\_\_\_\_ Date \_\_\_\_\_ of \_\_\_\_\_ 2019

On account of: \_\_\_\_\_

OFFICE SEAL

Signature and full official designation of the officer ordering the money to be paid in

P  
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A  
L

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MD-4281

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(MOTOR DRIVING FEE)

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DUPLICATE

(2) Learner (2) Test Page (3) Fresh License (4) Renewal

CNIC # \_\_\_\_\_

NAME: \_\_\_\_\_

Receive the sum of Rs. \_\_\_\_\_ Date \_\_\_\_\_ of \_\_\_\_\_ 2019

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**FORM "C"**

(See Section 7 (3) and Section 12)

Form of Medical Certificate in respect of an applicant for a license to drive any transport vehicle drive any vehicle as paid employee.

**TO BE FILED UP BY REGISTERED MEDICAL PRACTITIONER**

1. What is the applicant's apparent age? \_\_\_\_\_
  
2. Is the applicant, to the best of your judgment Subject to epilepsy vertigo to any mental Ailment likely to effect his efficiency? \_\_\_\_\_
  
3. Does the applicant suffer from any heart or lung disorder which might Interfere with the performance of his duties as a driver? \_\_\_\_\_
  
4. (a) Is there any defect of vision? If so, has it been corrected by suitable spectacles? \_\_\_\_\_
  
- (b) Does the applicant suffer from night blindness or color blinds? \_\_\_\_\_
  
- (c) Does the applicant suffer from a 3 degree of deafness which should prevent his hearing before ordinary sound signals? \_\_\_\_\_
  
5. Has the applicant any deformity or loss of members which would interfere with the efficient performance of his duties as a driver? \_\_\_\_\_
  
6. Does he show any evidence of being addicted to the excessive use of Alcohol, Tobacco or Drugs? \_\_\_\_\_
  
7. Is he, in your opinion, generally fit as regards (a) Bodily health, and (b) Eye-sight? \_\_\_\_\_
  
8. Marks of identification? \_\_\_\_\_

I certify that to the best of my knowledge and belief the applicant \_\_\_\_\_

Is the person herein above described and at the attached photograph is reasonably correct likeness.

**Signature:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Designation:** \_\_\_\_\_

Note: Special attention should be direct to distant vision and to the condition of the arm and hand and the joints of both extremities.

**LTV/HTV/PSV/M.CYCLE TESTY  
TRY  
WILL BE HELD ON 02/07/2019**

**ADDITIONAL DEPUTY COMMISSIONER/MLA  
MALAKAND**