

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 or to drive any vehicle as paid employee

TO BE FILLED 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
Allment likely to affect his efficiency? _____
3. Does the applicant suffer from any
Heart or lung disorder which might
Interfere with the performance of his duties as 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 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-sights? _____
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: _____