

**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 date of application .....
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?
- (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 metres 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 pigimentary 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

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

(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 (s) should amplify his answers with full particulars, and may be required to give further information relating thereto.
  - (2) This declaration is to be submitted invariably with medical certificate in Form IA.