

FORM – 1

(See Rule 6(2))

Application cum declaration as to the fitness

1	Name of the Applicant																		
2	Son/Wife/Daughter of																		
3	Parmanent Address																		
4	Temporary Address																		
5	Official Address (if any)																		
6	a) Date of Birth																		
	b) Age on date of application																		
7	Identification Marks	1)																	
		2)																	

Declaration:

a) Do you suffer or from sudden attacks of consciousness or Giddiness from any cause?

Yes	NO
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b) Are you able to distinguish with each eye (or if any have a driving licence to drive motor vehicle for a period of not less than five years and if you have lost the sight of one eye after said period of five years and it the applicant is driving a light motor vehicle other than the a transport vehicle fitted with an outside mirror on the steering wheel side) or with one eye at distance of 25 meter in good day light (with glasses if whom) a motor car number plate?)

Yes	NO
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c) Have you lost either hand or foot or are you suffering from any defect or Muscular pain of either arm leg?

Yes	NO
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d) Can you readily distinguish the pigmentary colors Red and Green?

Yes	NO
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e) Do you suffer from night blindness.

Yes	NO
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f) Are you so deaf as be unable to hear 9and if application is driving of a light motor vehicle with or without hearing aid) the ordinary sound?

Yes	NO
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g) Do you suffer any other disease or disability to cause you a driving of a motor vehicle to be a source of danger to the public? If so give details.

Yes	NO
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I hereby declare that the best of my knowledge and belief the particulars given above and the declaration made herein are true.

Signature or thumb impression
Of the applicant

Note: An applicant who answer Yes to any of the question (a), (c), (e), (f) and (g) and No. to either of the questions (b) and 9d) should smplyfy his answer with full particulars and may be required. To give further information relating thereto.