

[See rule 5(2)]

Application -cum-declaration as to the physical fitness

1. Name of the applicant : NIRMAL KUMAR
2. Father's Name : BHARAT MAHTO
3. Permanent address : TUPKADIH  
PS JARIDI  
Tantri, Bokaro, JH  
827010
4. Temporary address  
Official address (if any) : SEC 9/D  
ST 38 QR NO 1685  
Chas, Bokaro, JH  
827009
5. (a) Date of birth : 29-05-1991  
(b) Age on date of application : 25 years
6. Identification marks : NIL

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 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 in movement, control or 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 declaration made therein are true.

*Nirmal Kumar*

Signature or thumb impression of the applicant  
( NIRMAL KUMAR )

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 may be required to give further information relating thereto.

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

Declaration made by the applicant in Form 1 as to his physical fitness is attached

### Certificate of Medical Fitness

I certify that :-

- (i) I have personally examined the applicant Shri : NIRMAL KUMAR
- (ii) that while examining the applicant I have directed special attention to his / her distant vision;
- (iii) while examining the applicant, I have directed special attention to his / her hearing ability, the conditions of the arms, legs, hands and joints of both extremities of the applicant; and
- (iv) I have personally examined the applicant for reaction time, side vision and glare recovery (applicable in case of persons applying for a licence to drive goods carriage carrying goods of dangerous or hazardous nature to human life.)

And, therefore, I certify that, to the best of my judgment, he is medically fit / not fit to hold a driving licence.

The applicant is not medically fit to hold a licence for the following reasons :-



**Dr. Samay Kumar**  
MD (PHYSICIAN)-  
CIVIL ASST. SURGEON  
MEDICAL OFFICER  
CHC; CHANDANKIYARI  
Reg. No.-25273

Date :

Signature :

1. Name and designation of the of Medical Officer / Practitioner

2. Registration Number of Medical Officer

Signature or thumb impression of the candidate  
( NIRMAL KUMAR )

Note :-

- 1. The medical Officer shall affix his signature over the photograph affixed in such a manner that part of his signature is upon the photograph and part on the certificate.
- 2. Dumb persons without deafness may be granted a valid certificate of driving licence for non-transport vehicle.