

# FORM B

(SEE SECTION 7(3) AND SECTION (2))  
NATIONAL IDENTITY CARD NUMBER

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Form of Medical Certificate in respect of application for a license to drive any transport vehicle or to drive any vehicle as paid employee or otherwise:

TO BE FILLED IN BY A REGISTERED MEDICAL PRACTITIONER

1. What is apparent age of the applicant? \_\_\_\_\_
2. Is the applicant; to best of your judgment subjected to epilepsy, vertigo, chronic ill-health likely to effect his/her efficiency? \_\_\_\_\_
3. Does the applicant suffer from any heart or lung disorder which might effect the performance of his/her duties as a driver? \_\_\_\_\_
4. (A) Is there any defect of sightedness, if so, has it been corrected by using suitable spectacles? \_\_\_\_\_  
(B) Does the applicant suffer from a degree of deafness which would prevent his/her hearing of ordinary sound signals? \_\_\_\_\_
5. Does the applicant has any deformity or loss of members, Which effects the performance of his/her duties as a driver? \_\_\_\_\_
6. Does the applicant possess any evidence of being addicted to the excessive use of alcohol tobacco or drugs? \_\_\_\_\_
7. In your opinion; he/she is generally fit as regards (a) bodily in health, and (b) eyesight? \_\_\_\_\_
8. Marks of identification. \_\_\_\_\_
9. Blood Group \_\_\_\_\_

I certify that to the best of my knowledge and belief the applicant \_\_\_\_\_ is the person here as above described and that the attached photograph is a reasonably correct likeness.

SPACE FOR PHOTOGRAPH
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SIGNATURE \_\_\_\_\_

NAME \_\_\_\_\_

R.M.P NO. \_\_\_\_\_

DOCTOR'S NATIONAL IDENTITY CARD NO.

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Date \_\_\_\_\_

(نوٹ) یہ تمام فارم معوشاختی کارڈ نمبر میڈیکل افسر تصدیق کنندہ کا قلمی ہونا ضروری ہے  
درخواست دہندہ اس فارم پر کچھ لکھنے کا مجاز نہ ہے