FORM B

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

					—								—	

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 otherviews:

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

SIGNATURE _____

NAME _____

R.M.P NO. _____

DOCTOR'S NATIONAL IDENTITY CARD NO.

					—								—	

Date _____

(نوٹ) یہ تمام فارم معہ شناختی کارڈ نمبر میڈیکل افسر تصدیق کنندہ کا قلمی ہونا ضروری ہے

درخواست دہندہ اس فارم پر کچھ لکھنے کا مجاز نہ ہے