

10. Have you been subjected to a driving test as to fitness or ability to drive a vehicle in respect of which a license to drive as applied for? If so than give date testing authority and result of test. _____

Declaration for the physical fitness of applicant.

11. The applicant is required to answer "Yes" or "No" in the space provided opposite each question.

- (a) Do you suffer from epilepsy or from sudden attacks of disabling giddiness or fainting? _____
- (b) Are you able to distinguish with each eye at a distance of 25 yards in good daylight (with spectacles if worn) a motor car number plate containing seven letters and figures? _____
- (c) Have you lost either hand or foot; or you are suffering from any defect in movement control or muscular power of either arm or leg? _____
- (d) Do you suffer from colour blindness or night blindness? _____
- (e) Do you suffer from defect of hearing? _____
- (f) Do you suffer from any other disease or disability likely to cause your driving of a motor vehicle to be source of danger to the public?
If so give particulars _____

I declare that to the best of my information and belief the particulars given in Section II and the declaration made in Section III here are true.

Note:- An applicant who answers "Yes" to question (b) and (c) in the declaration and "No" to the questions may claim to be subjected to a test as to his competency to drive vehicle of a specified type or types.

The _____ 20

Signature/thumb impression of Applicant

CERTIFICATE OF TEST OF ABILITY TO DRIVE

The applicant has passed in the test specified in the Third schedule to Motor Vehicle Ord. 1965
failed

the test was conducted on (vch no.) _____ dated _____
at _____

Duplicate signature or thumb
impression of applicant

Signature of testing
Authority

License No. _____ dated _____ for _____ has
Issued to the applicant after necessary verifications.

Licensing Authority

