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 otherviews:

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ГО	BE FILLED IN BY A REGISTERED M	IEDICAL PRACTITIONER						
1.	What is apparent age of the applicant							
2.	Is the applicant; to best of your judgm							
	subjected to epilepsy, vertigo, chronic	c III-neaith						
3.	likely to effect his/her efficiency?	art or lung						
э.	Does the applicant suffer from any he disorder which might effect the perform							
	his/her duties as a driver?	mance of						
4.	(A) Is there any defect of sightedness	if so, has						
+.	it been corrected by using suitable sp							
	(B) Does the applicant suffer from a d							
	deafness which would prevent his/her	- 						
	ordinary sound signals?	•						
5.	Does the applicant has any deformity	or loss of						
	members, Which effects the performa	nce of						
	his/her duties as a driver?							
6.	Does the applicant possess any evidence of							
	being addicted to the excessive use of	f alcohol						
	tobacco or drugs?							
7. In your opinion; he/she is generally fit as								
	regards (a) bodily in health, and							
27	(b) eyesight?							
В.	Marks of identification.	-						
9.	Blood Group	*						
	I certify that to the best of my knowled	dge and belief the applicant						
	is the person here as a	bove described and that the attached photograph						
	is a reasonably correct likeness.							
		SIGNATURE						
	SPACE	NAME						
	FOR	R.M.P NO						
	PHOTOGRAPH	DOCTOR'S NATIONAL IDENTITY CARD NO.						
		Date						

(نوٹ) بیتمام فارم معد شناختی کار ڈنمبر میڈیکل افسر تصدیق کنندہ کاقلمی ہوناضروری ہے درخواست دہندہ اس فارم پر کچھ لکھنے کا مجاز ندہے