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 Vahicle or to drive any vehicle as paid employee or otherviews:

TO BE FILLED UP BY A REGISTERED MEDICAL PRACTITIONER

1. **What is the applicant's apparent age?** _____
2. **Is the applicant to best of your judgment subject to epllepsy, vertigo, chronic ill-health likely to affect his efficiency?** _____
3. **Does the applicant suffer from any heart or lung disorder which might interfere with the performance of his duties as a driver?** _____
4. **(A) Is there any defect of vision, if so, has it has been corrected by suitable spectacles?** _____
   (B) Does is applicant suffer from a degree of deafness which would prevent his hearing of ordinary sound signals?
5. **Does the applicant have any deformity or loss of members, which interfere with the effecient performance of his duties as a driver?** _____
6. **Does he show any evidence of being addicted to the excessive use of alcohol tobacco or drugs?** _____
7. **Is he/she in your opinion 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 OF PHOTOGRAPH

SIGNATURE _____

NAME _____

R.M.P NO _____

DOCTOR'S NATIONAL IDENITY CARD NO.

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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۔