

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 give date testing authorities and result of test. _____

Declaration as to 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 glass if worn) a motor car number plate containing seven letters and figures? _____

(c) Have you lost either hand or foot or you 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~~ ^{failed} in the test specified in the Third schedule to Motor Vehicle Ord. 1965

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

CONFIDENTIAL
 NOT TO BE DISCLOSED
 TO THE PUBLIC

**POLICE DEPARTMENT
 DRIVING TEST RESULT SHEET**

Name of Applicant

Age..... Address

Previous experience

Type of vehicle for which license required

PART 1

The candidate shall satisfy the person conducting the test that he is able to:-

1	2	3	4	5	6	7	8	9	10
Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
NO	NO	NO	NO	NO	NO	NO	NO	NO	NO

(Strike off whichever (Yes or No) is not applicable)

A Starting					B Stopping					C. Turning				
Examiner's	A-1	2	3	4	5	6	B-1	2	C-1	2	3	4	5	
Initials														
	D-Backing				E Parking				F Traffic				G Signal	

Signal													
Examiner's	D-1	2	E-1	2	3	4	5	F-1	2	3	G-1	2	3
Initials													
	H Passing				I Hills				J Speed				

Examiner's	H-1	2	3	4	5	6	I-1	2	3	J-1	2	3	4	5
Initials														

K- Attention							L-Attituded towards other						
Examiner's	K-1	2	3	4	J-1	2	3	4					
Initials													

M- Miscellaneous													
Examiner's	M-1	2	3	4	5	6	7	8	9	10	11	12	13
Initials													

Part II (Rules and Regulations)

81	82	83	34	85
Yes	Yes	Yes	Yes	Yes
No	No	No	No	No

(Strike off whichever (Yes or No) is not applicable)

- Traffic signs in North Schedule (Yes) (No) At least the question
- High way Code (Yes) (No.) to be out to the applicant.

PART III (Physical Fitness)

(a)	(b)	(c)	(d)
Yes	Yes	Yes	Yes
No	No	No	No

(Strike off whichever (Yes or No) is not applicable)

Examiner's Remarks :

I have examined Mr..... on..... Vehicle

He has Passed/Failed in the test.

Examiner's Signature

(With his full name and designation)

Dated

