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 BE 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۔