

(FORM B)

[See Section 7 (3) and Section (2)]

NATIONAL IDENTITY CARD NUMBER

			?			?						
--	--	--	---	--	--	---	--	--	--	--	--	--

Form of Medical (certificate in respect of application for a licence to drive any transport vehicle or to drive any vehicle as paid employee or otherwise:

TO FILLED UP BY A REGISTERED MEDICAL PRACTITIONER

1. What is the applicant's apparent age?
2. Is the applicant to the best of your judgement subject to epilepsy, 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 been corrected by suitable spectacles?

(b) Does the 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 efficient 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 Identity Card No.

			?			?						
--	--	--	---	--	--	---	--	--	--	--	--	--

Date.....

Can be had from SIGMA PRESS, RAWALPINDI. Ph: 541702

_____ of i rw0E i éóf ÷ éad j B 0%o i i B b0%AEª ô ÆÛa Çàõ...õè ô¥éè Dr j B ÷ «¼ i i Æ ÷ èóÛ òÐè mr j Û m j éª òò (T óè)
_____ of òè z j ´ è j B ò i Ò à à x. B ô§ mr j Û S a 0%ã f d Ñ Ç a 0¼ r d