

FORM 1
[See Rule 5(2)]
APPLICATION-CUM-DECLARATION AS TO PHYSICAL FITNESS

1. Name of the applicant : Raavi Gowri Nath

2. Son/Wife/Daughter of : Raavi Ram Prasadh

3. Permanent address : D No: 15-2/5, Anthony Nagar, Maharani Peta,
Visakhapatnam, Andhrapradesh 530002

4. Temporary address : D No: 15-2/5, Anthony Nagar, Maharani Peta,
Official address (if any) : Visakhapatnam, Andhrapradesh 530002

5. (a) Date of birth : 25-07-1990
(b) Age on date of application : 27 Years

6. Identification marks (1) : A Mole On The Right Shoulder
(2) : A Mole On The Right Side Of Nose

Declaration:

- (a) Do you suffer from epilepsy or from sudden attacks of loss of consciousness or giddiness from any cause? Yes/No
- (b) Are you able to distinguish with each eye (or if you have held a driving licence to drive a motor vehicle for a period of not less than five years and if you have lost the sight of one eye after the said period of five years and if the application is for driving a light motor vehicle other than a transport vehicle fitted with an outside mirror on the steering wheel side) or with one eye, at a distance of 25 metres in good day light (with glasses, if worn) a motor car number plate? Yes/No
- (c) Have you lost either hand or foot or are you suffering from any defect of muscular power of either arm or leg? Yes/No
- (d) Can you readily distinguish the pigmentary colours, red and green? Yes/No
- (e) Do you suffer from night blindness? Yes/No
- (f) Are you so deaf so as to be unable to hear (and if the application is for driving a light motor vehicle, with or without hearing aid) the ordinary sound signal? Yes/No
- (g) Do you suffer from any other disease or disability likely to cause your driving of a motor vehicle to be a source of danger to the public, if so, give details. Yes/No

I hereby declare that, to the best of my knowledge and belief, the particulars given above and the declaration made therein are true.

Signature Of The Applicant
(Signature or thumb impression of the Applicant)

- Note:** (1) An applicant who answers "Yes" to any of the questions (a), (c), (e), (f) and (g) or "No" to either of the questions (b) and (s) should amplify his answers with full particulars, and may be required to give further information relating thereto.
(2) This declaration is to be submitted invariably with medical certificate in Form 1 A.