

- (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 application who answer “Yes” to question (b) and (c) in the declaration and “NO” to the other question may claim to be subjected to a test as to his competency to drive vehicle of a specified type or types.

The20 Signature/Thumb Impression of Applicant

CERTIFICATE OF TEST OF ABILITY TO DRIVE

The applicant has passed in the test specified in the third schedule to Motor Vehicle Ord. 1965.

Failed

The test was conducted on (Veh No.) _____ date _____
at _____

Duplicate signature or thumb impression of applicant

Signature of testing authority

Endorsement has made vide No. _____ date _____ for _____ in DL No. _____ after necessary verifications.

Licensing Authority