FORM 1-A

[See rules 5(1),(3),7,10(a),14(d), and 18(d)]

MEDICAL CERTIFICATE

[To be filled in by a registered medical practitioner appointed for the purpose by the State Government or person authorised in this behalf by the State Government referred to under sub section (3) of section 8]

1.Name of the applicant : SRINIVASAN N V

2. Identification marks : A black mole on the right upper nose

3.

(a) Does the applicant, to the best of your judgment, suffer from any defect of vision? If so, has it been corrected by suitable spectacles ? NO

(b) In your opinion, is he able to distinguish with his eye sight at a distance of 25 metres in good day light a motor car number plate ? YES

(c) In your opinion, does the applicant suffer from a degree of deafness which would prevent his hearing the ordinary sound signals ? NO

(d) In your opinion, does the applicant suffer from night blindness ? NO

(e) Has the applicant any defect or deformity or loss of member which would interfere with the efficient performance of his duties as a driver? If so, give your reasons in details. NO

(f) Optional

(a) Blood group of the applicant (if the applicant so desires that the information may be noted in his driving licence). 'O'

(b) RH factor of the applicant (if the applicant so desires that the information may be noted in his driving licence). POSITIVE

Declaration made by the applicant in Form 1 as to his physical fitness is attached

Certificate of Medical Fitness

I certify that:-

(i) that I have personally examined the applicant Shri/~~Smt/Kum~~. SRINIVASAN. N. V.

(ii) that while examining the applicant I have directed special attention to her/his distant vision;

(iii) while examining the applicant, I have directed special attention to his/her hearing ability, the conditon of the arms, legs, hands and joints of both extremities of the applicant;

(iv) I have personally examined the applicant for reaction time, side vision and glare recovery, (applicable in case of persons applying for a licence to drive goods carriage carrying goods of dangerour or hazardous nature to human life); and

(v) Applicant's colour vision has been tested using standard ishihara chart and the applicant has not been found suffering from severe or total colour blindness.

And, therefore, I certify that, to the best of my judgment, he is medically fit/~~not~~ fit to hold a driving licence.

~~The applicant is not medically fit to hold a licence for the following reasons~~: -

Signature : null,null

1. Name and designation of the Medical Officer / Practitioner Dr. J. CHANDRAMOHAN M.B.B.S., F.C.I.P.

(Seal) Registration No. 29500

2. Registration Number of Medical Officer 1, UMAPATHY STREET, WEST MAMBALAM, CHENNAI - 600 033.

21 APR 2022

Signature or thumb impression of the candidate

(null)

Date : 21 APR 2022

Dr. J. CHANDRAMOHAN M.B.B.S., F.C.I.P. Registration No. 29500 1, UMAPATHY STREET, WEST MAMBALAM, CHENNAI - 600 033.

Note : -

1. The applicant shall affix his signature over the photograph affixed in such a manner that part of his signature is upon the photograph and part on the certificate.
2. Dumb person who is deafness may be granted a valid certificate of driving licence for non-transport vehicle.

सत्यमेव जयते

India Driving Licence(Tamil Nadu)

TN NT

TN09 1996 0007988

Date of Issue

06-08-1996

Validity

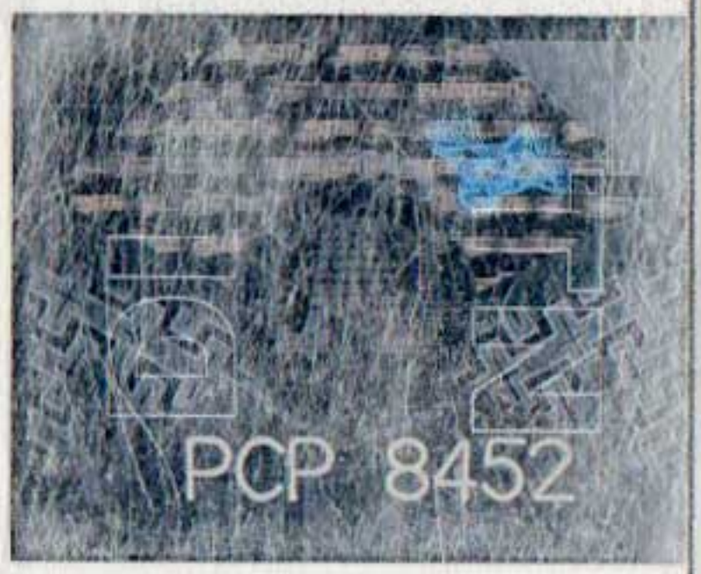
(NT) 11-05-2022

Date of Birth

12-05-1957

Blood Group

Unknown



Name

SRINIVASAN N V

Father's Name

VENKATARAGHAVAN N

TN09 1996 0007988

MCWG

06-08-1996
TN09

LMV

06-08-1996
TN09

Mobile No.

Badge No. NIL

Badge Dt:

Endorsement Date

09-05-2017

OD

TN

Endorsement No.

TN12 /DLR/0004121/2017

Present Address

PLOT NO 5 DOOR NO 1/7 THIRU V KA NAGAR,
1ST MAIN ROAD THUNDALAM,
AYAPPAKKAM (CT),THIRUVALLUR,600077

Permanent Address

PLOT NO 5 DOOR NO 1/7 THIRU V KA NAGAR,
1ST MAIN ROAD THUNDALAM,
AYAPPAKKAM (CT),THIRUVALLUR,600077

Holder's Signature

Asst.Issuing Authority sign

RTO, POONAMALEE,