FORM B

(See Section 7(3) and Section (2))
NATIONAL IDENTITY CARD NUMBER

21212	Form of Medical (certific	25 AV 55 AV			licens	e to c	frive a	ny tr	ansp	ort
ahi	cle or to drive any vehicle a	s paid employee or o	thervi	ews:						
	TO BE FILLED UP BY	A REGISTERED MEDI	CALP	RACTI	TIONE	R				
	What is the applicant's a	pparent age?	25							
	is the applicant to b									
	judgment subject to epil									
	chronic ill-health likely (efficiency?	to affect his								
3.		or from any boart	_							
	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 o	f vision, if so, has								
	it has been corrected by suitable spectacles?									
	(B) Does is applicant su									
	of deafness which would									
5.	hearing of ordinary sound signals?									
	Does the applicant have any deformity or loss of members, which interfere with the									
	effecient performance o									
	driver?									
6.	Does he show any evidence of being								1	
	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?	ntn, and								
	Marks of identification.									
									_	
	Blood Group									0
	I certify that to the bes	t of my knowledge an	ed hali	of the	analies	und.				
		on here as above de					achec	pho	otogra	apl
s a	reasonably correct likene				3,10,00,00					
		SIGNATURE								
										_
		NAME								_
	SPACE R.M.P NO DOCTOR'S NATIONAL IDENITY CARD NO.									_
	OF	DOCTOR'S NA	ATION	AL IDE	NITY	CARL	NO.			_
	PHOTOGRAPH								-	
			-			4		4	\perp	_
		Date								

(نوٹ) پیتمام فارم معدشانتی کارؤنبر میڈیکل افسرتصدیق کشندہ کا تلمی ہونا ضروری ہے درخواست دہندہ اس فارم پر کچھ تلصنے کا مجاز شہے۔