



FORM B

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

NATIONAL IDENTITY CARD NUMBER

36502-0680820-1

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

TO BE FILLED UP BY A REGISTERED MEDICAL PRACTITIONER

1. What is the applicant's apparent age? 37
2. Is the applicant to the best of your judgment subject to epilepsy, vertigo, chronic ill-health likely to affect his efficiency? M
3. Does the applicant suffer from any heart or lung disorder which might interfere with the performance of his duties as a driver? NO
4. (a) Is there any defect of vision, if so, has it been corrected by suitable spectacles? VA 6/6
(b) Does the applicant suffer from a degree of deafness which would prevent his hearing of ordinary sound signals? NO
5. Does the applicant have any deformity or loss of members, which interfere with the efficient performance of his duties as a driver? NO
6. Does he show any evidence of being addicted to the excessive use of alcohol tobacco or drugs? NO
7. Is he/she in your opinion generally fit as regards (a) bodily in health, and (b) eyesight? Yes fit
8. Marks of Identification. Sanjiv Kumar
Arora
9. Blood Group M. Arshad

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 reasonably correct likeness



SIGNATURE Dr. Anjum Rasheed
 NAME Additional Medical Superintendent
 R.M.P NO 27318
 DOCTOR'S NATIONAL IDENTITY CARD NO. Teaching Hospital Lahore.

35201-1278762-7

Date: _____

(نوٹ) یہ تمام فارم معہ شناختی کارڈ نمبر میڈیکل افسر تصدیق کنندہ کا قلمی ہونا ضروری ہے

درخواست دہندہ اس فارم پر کچھ لکھنے کا مجاز نہ ہے۔