

I certify that I have personally examined the applicant
.....I also certify that while examining the applicant , I have directed special attention to the distant vision and hearing ability , the condition of the arms, legs, hands and joints of both extremities of the candidate and to the best of my judgment he is medically fit/not fit* to hold a driving license.

The applicant is not medically fit to hold a license for the following reason:-

Space for
passport size
photograph of
the applicant

Signature

1. Name and designation of the medical officer/ practitioner

(Seal)

2. Registration Number of medical officer

Signature or thumb
Impression of the candidate

Date.....

Note: The Medical Officer shall affix his signature over the photograph affixed in a manner that part of his signature is upon the photograph and part on the certificate.

Note: please pay the cost of this form at the concerned RTO Price: Rs. 5. 00 Printed from www.goatransport.com

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OFFICE ENDORSEMENT

Number _____ dated _____ Office of the _____

The cancellation of the entry of an agreement as requested above is recorded in this Office registration record in Form 24 and Registration Certificate on _____ (date).

Signature of the Registering Authority

Dated _____

To

.....

(Name & address of the Financier)

By registered post or delivered under proper acknowledgement.

Price: Rs. 5.00

Please pay the cost of this form at concerned RTO

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