

FORM K.M.V.13

[See Rule 19(1)]

FORM OF MEDICAL CERTIFICATE FOR A CONDUCTOR

(To be filled in by a Registered Medical Practitioner)

1. Name of person examined _____
2. Father's name _____
3. What is the applicant's apparent age _____
4. Is the applicant, to the best of your judgement , subject to epilepsy, vertigo or any mental ailment likely to affect his efficiency? _____
5. Does the applicant suffer from any heart or lung disorder which might interfere with the performance of his duties as a conductor? _____
6. Does the applicant suffer from any degree of deafness?. If so, would the deafness impede easy converse with Passengers? _____
7. Has the applicant any deformity or loss of members which would interfere with the efficient performance of his duties as a conductor? _____
8. Does he show any evidence of being addicted to the excessive use of alcohol, tobacco or drugs? _____
9. Is he, in your opinion, generally fit as regards –
a) Bodily health and _____
b) Eyesight? _____
10. Marks of identification _____
11. Signature or thumb impression of person examined. _____

I certify that the person examined has affixed his signature or thumb impression hereto in my presence and that to the best of my knowledge And belief the above statements are true and that the attached photograph is a reasonably correct likeness of the person described.

Space for
photograph

Name of Registered Medical Practitioner: _____

Registration No. _____

Signature: _____

Designation: _____

(If Government Medical Officer)

(Registered Medical Practitioner shall also sign on the photograph in a manner that part of his signature is on the form)