

HP FORM IX M.C. CON.

(Section 30(2) of the Motor Vehicles Act, 1988 and Rule 22(2) of the Himachal Pradesh Motor Vehicle Rules, 1999).

FORM OF MEDICAL CERTIFICATE FOR A CONDUCTOR LICENCE

(To be filled in by a Medical Officer)

1. Name of person examined _____
2. Father's Name _____
3. Apparent-age _____
4. Is the person examined, to the best of your judgment, fit physically and mentally to perform the duties of a conductor of stage carriage ?

5. Does he show any evidence of being addicted to the excessive use of alcohol or drugs ?

6. Marks of identification

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 of the person described.



Signature or thumb impression of person
examined _____
Name _____
Signature _____
Designation _____
of the Medical Officer