

FORM M.C.Con.

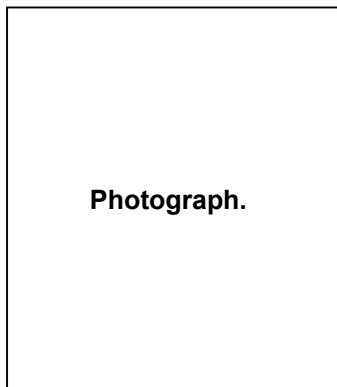
[Rule 41(1) of the Motor Vehicles Rules, 1984]

Medical certificate for a conductor.

(To be filled in by a registered medical practitioner).

1. Name of person examined-----
2. Father's name-----
3. Apparent age-----
4. Has the applicant any deformity or loss of members which would interfere with the efficient performance of his duties as a conductor?-----
5. Is the person examined, to the best of your judgment, fit physically and mentally to perform the duties of a conductor of a stage carriage or a contract carriage? -----
6. Does he show any evidence of being addicted to the excessive use of alcohol or drug?-----
7. 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 the attached photograph is a reasonably correct likeness of the person described.



Signature or thumb impression of the person examined.

Name -----

Signature-----

Designation-----