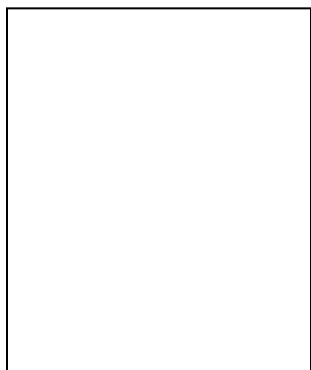


Form M. C. Con
[Rule 4.47 (5)]
FORM OF MEDICAL CERTIFICATE FOR A CONDUCTOR
(To be filled in by a registered Medical Practitioner)

1. Name of person examined _____
2. Father's name _____
3. 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 a 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-impresion 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 reasonably correct likeness of the person described.



Signature or thumb-impresion
of person examined

Name -----

Signature -----

Designation -----

Price: Rs. 10.00/-

Note: Please pay the cost of this form at concerned RTO

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