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No.C1/23529/TC/99

Head Office  
Motor Vehicles Department  
Thiruvananthapuram  
Date: 03.02.2004

**Circular No. 8/2004**

**Sub:** Motor Vehicles - Insistence of Eye Fitness - issued by an  
Ophthalmologist - Certificate for the grant of Learners  
Licence/Renewal of Motor Driving Licence - reg.

**Ref:** This office letter of even No. dated 02.08.2002.

It is noticed with serious concern that some of the Officers have not given due importance to the subject of the direction issued by Transport Commissioner vide reference cited, the certificate from the Eye Specialist is necessary for the grant of Learners Licence of Motor Driving Licence/Renewal of Motor Driving Licence in the prescribed form which is issued by a Registered Medical Practitioner of Ophthalmology. Therefore all concerned Officers are hereby directed to insist on the prescribed certificate issued by a registered medical practitioner in ophthalmology (copy of the format enclosed) at the time of application for learners licence/renewal of driving licence with immediate effect. Any lapse in this regard will be viewed seriously.

Receipt of the Circular should be acknowledged.

(K.P. Somarajan, IPS),  
Transport Commissioner.

To

All Deputy Transport Commissioners,  
All Regional Transport Officers &  
All Joint Regional Transport Officers.

Copy to

CA to TC, Secretary, STA, Senior DTC (Taxation), Senior AO, FO, LO, AO, SO,  
ATC, Assistant Secretary, STA and S/F and Spare.

Id.



## CERTIFICATE

This is to certify that I have this day examined Sri/Smt.

aged            years whose signature is attested below and found that he/she has no eye disease or infirmity, which would render him/her unsuitable for driving motor vehicles.  
\*His/her standard of vision is as follows.

1. Night blindness
2. Colour blindness
3. Field of vision (full or not)
4. Squint
5. Visual acuity

Photo  
(to be attested by the  
Ophthalmologist)

| Accuracy of vision                       | Eye sight<br>*With Glass/Without Glass |
|------------------------------------------|----------------------------------------|
| Distance vision<br>Left eye<br>Right eye |                                        |
| Near vision<br>Left eye<br>Right eye     |                                        |

His/her deficiency of eyesight is Nil/Less than/More than 20%  
He/she is fit/unfit to drive a motor vehicle

Signature of Doctor  
Name and designation  
(Shall be a registered medical practitioner of ophthalmology)

Signature of the applicant

Place:  
Date:

\*Score whichever is not applicable