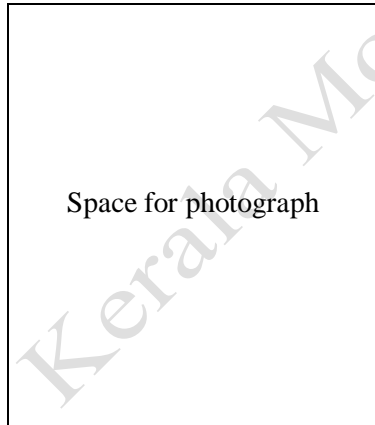


**FORM MCC**  
**FORM OF MEDICAL CERTIFICATE FOR A CONDUCTOR**  
**[See Rule 49(c)]**

(To be filled in by a qualified Registered Medical Practitioner)

1. Name of person examined : .....
2. Name of father : .....
3. Apparent age : .....
4. If 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 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 bears a clear likeness of the person described.



Signature/thumb impression of person examined

Name : .....

Signature : .....

Designation : .....