

A MOTOR VEHICLE



The licensing Authority



I apply for a license to enable me to drive vehicle of following description:

- (a) Motor cycle without gear
- (b) Motor cycle with gear
- (c) Invalid carriage
- (d) Light Motor Vehicle
- (e) Medium goods vehicle
- (f) Medium passenger vehicle
- (g) Heavy passenger motor vehicle
- (h) Road roller

Particular to be furnished by applicant

- 1. Full Name :
- 2. Son/Wife/Daughter of :
- 3. Permanent address :
(Proof to be enclosed)
- 4. Temporary address :
(Official if address if any) :
- 5. Date of Birth (To be enclosed) :
- 6. Educational Qualification :
- 7. Identification marks : (1).....(2).....
- 8. Blood Group and Rh factor :
- 9. Have you previously held driving license? If so give details :
- 10. Particulars and date of every conviction which has been order to be endorsed on any
License held by the applicant? :
- 11. Have you been disqualified for obtaining license to drive? IF so for What reason? :

12. Have you been subjected to a driving test as you to your fitness?

Or ability to drive a vehicle in respect of which a license to drive this applied for? If so, give the following details:-

<u>Date of test</u>	<u>Testing authority</u>	<u>Result of test</u>
1.		
2.		
3.		
4.		

13. I enclosed three copies of my recent photograph of the size five centimeters into (where laminated card is used to photograph here required).

14. I enclosed the learner's license no. Dated..... Is by licensing authority.

15. I enclosed the driving certificate No.date issued by.....

16. I have submitted along with my application for learner's license the written counsel parent/guardian.

17. I have submitted along with the application for learner's license I enclose the men fitness certificate.

18. I am exempted from the medical test under rule 6 of the central motor vehicle rule 1989.

19. I am exempted from preliminary test under rule 11(2) of the central rule 1989.

20. I have paid the fee rupees.....

I hereby declare that to the best of my knowledge and belief the particulars given at are true.

Note:-Strike out whichever inapplicable.

Date.....

Signature / Thumb impression

Of the applicant

CERTIFICATE OF TEST COMPITENCE TO DRIVE

The applicant h the test passed prescribed under rule 15 of the central iv vehicle rules, 1989. The test was conducted on (here enter the registration marks description of the vehicle).....

on Date.....

The applicant has failed/ passed in test.

The details of deficiency to be listed out)

Date...p..

Two specimen signatures of applicant

Signature of testing authority