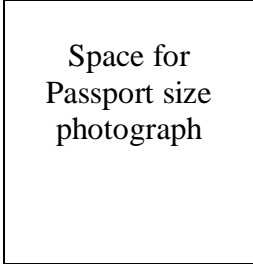


**FORM OF APPLICATION FOR LICENCE TO DRIVE A MOTOR VEHICLE.**

The Licensing Authority

\_\_\_\_\_  
\_\_\_\_\_



I apply for a licence me to drive vehicle of the following Description:-

- (a) Motor Cycle without gear :-
- (b) Motor Cycle with gear :-
- (c) Invalid carriage :-
- (d) Light motor vehicle :-
- (e) Transport Vehicle :-
- (f) Medium Passenger Motor vehicle :-
- (g) Motor vehicles of the following description :-

**PARTICULARS TO BE FURNISHED BY THE APPLICANT**

- 1. Name .....
- 2. Son/wife/daughter of .....
- 4. Temporary address/ official .....
- Address if any .....
- 5. Date of birth (proof to be enclosed) .....
- 6. Educational qualification .....
- 7. Identification marks .....
- 8. Optional .....
- 3. Permanent address .....
- (proof to be enclosed) .....
- Blood group .....
- RH factor .....
- 9. Have you previously held driving  
    Licence? If so, give details .....
- 10. Particulars and date of every conviction  
    Which has been ordered to be enclosed  
    on any licence held by the applicant. ....
- 11. Have you been disqualified for obtaining  
    A licence to drive? If so, what reason. ....



FROM-1  
[See rule 5 (2)]  
APPLICATION – CUM –DECLARATION AS TO PHYSICAL FITNESS.

1. Name of the applicant .....
2. Son/Wife/Daughter of .....
3. Permanent address .....
- .....
- .....
4. Temporary address] .....
- Official address if any .....
5. (a)-Date of birth .....
- (b)-Age on date of application .....
6. Identification marks      1).....
- 2).....

Declaration.

- |  |                 |
|--|-----------------|
| <p>(a) Do you suffer from epilepsy, or from Sudden attacks of loss of Consciousness of giddiness from any Csues?</p>   | <p>Yes/No</p>   |
| <p>(b) Are you able to distinguish with each eye (or if you have held a driving licence to drive a motor vehicle for a period of not less than five years and if you have lost the sight of one eye after the said period of five years and it the application is for driving a light motor vehicle other than a transport vehicle fitted with an outside mirror on the steering wheel side) or ( with one eye at a distance of 25 meters in good day light with glasses, if worn) a motor car number plate?</p> | <p>Yes/No</p>   |
| <p>( c ) Have you lost either hand of foot or are you suffering from any defect of muscular power of either arm or leg ?</p>   | <p>Yes/ No</p>  |
| <p>( d ) Can you readily distinguish the Pigmentary colours, red and green.</p>  | <p>Yes /No</p>  |
| <p>(e) Do you suffer from night blindness?</p>   | <p>Yes / No</p> |
| <p>(f) Are you so dear so as to be unable to hear (and if the application is for driving a light motor vehicle, with or without hearing aid) the ordinary sound signal?</p>  | <p>Yes /No</p>  |
| <p>(g) Do you suffer from any other disease or disability likely to cause your driving of a motor vehicle, with or source of danger to the public, if so give details.</p>   | <p>Yes /No</p>  |

I have declared that, to the best of my knowledge and belief, the particulars given above and the declaration made therein are true

.

(Signature or thumb-impression of the applicant)

Note: - (1) An applicant who answers “Yes “to any of the question (a),(c),(e),(f) an (g) or “No “ to either of the question (b) and (d) should amplify his answers with full particulars, and may be required to give further information relating thereto.

(2) This declaration is to submitted anvariably with medical certificate in

FORM 1-A

[See rules 5(1), (3), 7, 10 (a), 14(d) and 18 (d)]

MEDICAL CERTIFICATE

( To be filed in by a registered medical practitioner appointed for the purpose by the state Government or person authorized in this behalf by the state Government referred to under sub-section (3) of section 8)

- 1. Name of the applicant .....
- 2. Identification marks. 1) .....  
2).....
- 3. (a) Dose the applicant, to the best of your Judgement, suffer from any defect of vision? YES / NO  
If so, has it been corrected by suitable Spectacles?
- (b) Can the applicant, to the best of your Judgement, readily distinguish the pig-mentary Colours, red and green? YES / NO
- (c )In your opinion, is he able to distinguish with his eye sight at a distance of a 25 meters in good day light a motor car number plate? YES / NO
- (c) In your opinion, does the applicant suffer from a degree of deafness which would prevent this hearing the ordinary sound signals ? YES / NO
- (d) In your opinion, does the applicant suffer from night blindness? YES / NO
- (e) Has the applicant any defect or deformity or loss of member which would interfere with the efficiency performance of his duties as a driver? If so, give your reasons in details. YES / NO
- (f) Optional
- (a) Blood group of the applicant (if the applicant so desires that the information may be noted in his driving licence) .....
- (b) RH factor of the applicant ( if the applicant so desire that the information may be noted in his driving licence) .....

Declaration made by the applicant in From-1 as to his physical fitness is attached. Certificate of medical fitness.

I Certify that:-

- (i) I have personally examining the applicant Shri/Smti/Kum.....
- (ii) That will examining the applicant I have directed special attention to his/her distant vision.
- (iii) While examining the applicant I have directed special attention to his/her hearing ability, the condition of the arms, leds, hands, and joints of both extremities of the applicant: and.
- (iv) I have personally examined the applicant for reaction time, side vision and glare recovery (applicant in case of persons applying for a licence to drive goods carriage carrying goods of dangerous or hazardous nature to human life)

And, therefore, I certify that, to the best of my judgment, he is medically fit/not fit to hold a driving licence)

The applicant is not medically fit to hold a licence for the following reasons:-

Signature:-  
Name and designation of the medical  
Officer/Practitioner  
(Seal)

Date.....

Note:- The medical Officer shall affix his signature over the photograph affixed in such a manner that part of his signature is upon the photograph and part on the certificate)