

FORM 4**FORM OF APPLICATION FOR LICENCE TO DRIVE A
MOTOR VEHICLE**

To

The Licensing Authority

Space
for
passport
photograph

I apply for a licence to enable me to drive vehicles 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) Road Roller
- (g) Motor vehicle of the following description

PARTICULARS TO BE FURNISHED BY THE APPLICANT

1. Name :
2. Son/Wife/Daughter of :
3. Permanent Address :
(proof to be enclosed)
4. Temporary address :
Official address (if any)
5. Date of Birth :
(proof to be enclosed)
6. Educational qualification :
7. Identification mark(s) : 1)
2)
8. Optional – 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 endorsed
on any licence held by the applicant.

11. Have you been disqualified for obtaining :
a licence to drive? If so, for what reasons.

12. Have you been subjected to a driving :
test as to your fitness or ability to drive
a vehicle in respect of which a licence to
drive is applied for? If so, give the following details:

Sl.No.	DATE OF TEST	TESTING AUTHORITY	RESULT OF TEST
1			
2			
3			
4			

13. I enclose three copies of my recent passport size photograph (where laminated card is used no Photographs are required)

14. I enclose the Learner's Licence No _____ dated _____ issued by
Licensing Authority _____

15. I enclose the Driving Certificated No _____ dated _____ issued
by _____

16. I have submitted alongwith my application for Learner's Licence the written consent of
parent/guardian

17. I have submitted alongwith the application for Learner's Licence/I enclose the medical
fitness certificate.

18. I am exempted from the medical test under rule 6 of the Central Motor Vehicles Rules, 1989,

19. I am exempted from preliminary test under Rule 11(2) of the Central Motor Vehicles Rules,
1989.

20. I have paid the fee of Rs _____ challan No _____ dated _____.

NOTE: Strike out whichever is inapplicable.

Dated:

Signature / Thumb impression of Applicant

CERTIFICATE OF TEST OF COMPETENCE TO DRIVE

The applicant has passed the test prescribed under Rule 15 of the Central Motor Vehicles Rules, 1989. The test was conducted on _____ (here enter the registration mark and description of the vehicle) _____ On (date) _____

The applicant has failed in the test. (The details of the deficiency to be listed out)

Date:

Signature of Testing Authority
Full name and designation

Two specimen signatures of applicant:

1)

2)

**strike out whichever is inapplicable.*