FORM 4 [See Rule 1 FORM OF APPLICATION FOR LICENCE TO DRIVE A MOTOR VEHICLE

To, THE LICENSING AUTHORITY,

.....

I apply for a licence to enable me 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) Medium Goods Vehicle
(f) Medium Passenger Motor Vehicle
(g) Heavy Goods Vehicle
(h) Heavy Passenger Motor Vehicle
(i) Road Roller
Q) Motor Vehicle of the following description

Passport Size photograph Of the applicant

Particulars to be furnished by the applicant

1. Full 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		(1)	
		(2)	
8. Blood Group with Rh factor (optional)			
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 reason?			
12. Have you been subjected to a driving test			
fitness or ability to drive a vehicle in respect of			
which a licence to drive is applied for? If			
the following details :-	1 50, 5170		
the following details :			
Date of test	Testing Authority	Res	sult of test
(1)			
(2)			
(3)			
(4)			
12 January days and in a star star and in a shat marks (where January days days days days a shat marks			
13. I enclose three copies of my recent passport size photographs (where Laminated card is used, no photographs are required).			
	data		issued by linesing
14. I enclose learner's licence number Authority			
Authority15. I enclose the driving certificate number		dated	
issued by			
16. I have submitted along with my application for learner's licence the written consent of parent / gaurdian.			
17. I have submitted along with my 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 Vehicle Rules , 1989.

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

20. I have paid the fee of Rs.

<u>I hereby declare that to the</u> best of my knowledge and belief the particulars given above are true. *Strike out whichever is inapplicable.

Date :

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 vehicle 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 deficiency to be listed out.)

Date_____

Signature of Testing Authority

Full name and desingnation_

Two specimen signatures of applicant:

(1)

(2)

strike out whichever is inapplicable