

19057

Form 4

(See Rule 14 (1))

FORM OF APPLICATION FOR LICENCE TO DRIVE A MOTOR VEHICLE

To

The Licence Authority,

.....
.....



I Apply for licence to enable me to drive a vehicle of the following description

- a) Motor Cycle without gear
- b) Motor Cycle with gear
- c) In valid carriage
- d) Light motor vehicle
- e) Transport Vehicle
- f) Medium passanger motor vehicle
- g) [***]
- h) [***]

(Note:- item (g) and (h) omitted by G.S.R. 221 (E), dt. 28.03-2001

- i) Road Roller
- j) Motor vehicle of the following description

PARTICULARS TO BE FURNISHED BY 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 of age to be enclosed)
6. Educational qualifications
7. Identification Mark (s) (1)
- (2)
8. Blood Group and RH Factor
9. Have you previously held driving licence
- if so, give details
- 10- Particulars and date of ever conviction
- which has been ordered to be enclosed on
- any licence held the applicant.

11. Have you been disqualified for obtaining licence to drive ? If so, for what reason.
 12. Have you been subject to a driving test as to your fitness or ability to drive a vehicle in respect of which a licence is applied for ? if so give the following details

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- | | Date | Testing Authority | Result of test |
|---|------|-------------------|----------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
13. I enclose three copies of my recent photograph (where laminated card is used no photograph are required)
14. I enclose the learner's No. dated..... issued by Licensing Authority.....
15. I enclose the driving certificate No..... date..... issued by.....
16. I have submitted along with application for learner's the written consent of parents/ guardian.
17. I have submitted along with application for learner's licence and I enclose the medical fitness certificate.
18. I am exempted from 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 Rupees.....

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

* Strike out whichever is inapplicable.

Date.....

Signature/thumb impression
 applicant

Date.....

CERTIFICATE OF TEST OF COMPETENCE OF DRIVE

The applicant has passed the prescribed under rule 15 of the Central Motor Vehicle Rules 1989. The test was conducted on (here enter the registration trunk and description of the vehicle.....) on date.....

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

Date..... Date.....

Signature of testing authority

Full name & designation

Two specimen Signature of applicant

- 1
 2

* Strike out whichever is inapplicable.