## FORM NO. 4 FORM FOR APPLICATION FOR LICENSE TO DRIVE A MOTOR VEHICLE.

| The I      | Licensing Authority  |  |  |  |
|------------|--|--|--|--|
| •••••      |  |  |  |  |
|            | ly for a license to enable me to drive the vehicle of the wing descriptions: |  |  |  |
| (a)        | Motor Cycle without gear.  |  |  |  |
| (b)        | Motor Cycle with gear.   |  |  |  |
| (c)        | Invalid Carriage.  |  |  |  |
| (d)<br>(e) | Light Motor Vehicle  |  |  |  |
| (f)        | Medium Goods Vehicle.  Medium Passenger Motor Vehicle.                       |  |  |  |
| (g)        | Heavy Goods Vehicle.   |  |  |  |
| (h)        | Heavy Passenger Motor Vehicle.   |  |  |  |
| (i)        | Road Roller.   |  |  |  |
| (j)        | Motor Vehicles of the following descriptions:                                |  |  |  |
|            |  |  |  |  |
|            | PARTICULARS TO BE FURNISHED BY THE APPLICANT                                 |  |  |  |
| (1)        | Name   |  |  |  |
| (2)        | Son/Wife/Daughter of   |  |  |  |
|            | Permanent Address  |  |  |  |
|            | (Proof to be enclosed)   |  |  |  |
| (3)        | Temporary Address, Official  |  |  |  |
|            | address (if any):  |  |  |  |
| (5)        | Date of Birth (Proof to be enclosed)   |  |  |  |
| (6)        | Educational Qualification:   |  |  |  |
| (7)        | Identification Mar ks:   |  |  |  |
| (8)        | Blood Group & RH Factor  |  |  |  |
| (9)        | Have you previously hold a Driving License, if so, give details:             |  |  |  |
|            |  |  |  |  |
| (10)       | Particulars and date of every conviction                                     |  |  |  |
|            | which has been entered to be endorsed  |  |  |  |
|            | on any license held by the applicant.  |  |  |  |
| (11)       | Have you been disqualified for :   |  |  |  |
|            | obtaining a driving License? If so   |  |  |  |
|            | for what reason?   |  |  |  |
| (12)       | Have you been subjected to a driving:  |  |  |  |
|            | test as to your fitness or ability   |  |  |  |
|            | to drive a vehicle as applied for?   |  |  |  |

| (13)           | Date of Test  | Testing Authority                              | Result of Test               |  |
|----------------|---|--|------------------------------|--|
|                | 1.  |  |                              |  |
|                | 2.  |  |                              |  |
|                | 3.  |  |                              |  |
|                | 4.  |  |                              |  |
| (14)           | I enclose three copies of my recent photograph (photograph)                             |  |                              |  |
|                | of the size 5 cms by 6 cms.(where laminated card is used no                             |  |                              |  |
|                | photographs are required)   |  |                              |  |
| (15)           | I enclosed the Learner's License  | No.:   |                              |  |
| (16)           | I enclose the Driving Certificate   | No   | dated                        |  |
|                | issued by   |  |                              |  |
| (17)           | I have submitted along with my  | application for Learner's Licens               | se the written consent       |  |
|                | of my Parent/Guardian.  |  |                              |  |
| (18)           | I have submitted along with the application for learner's license/I enclose the fitness |  |                              |  |
|                | Certificate.  |  |                              |  |
| (19)           | I am exempted from the medical  | test under Rule 6 of the Centra                | l Motor Vehicle Act,         |  |
|                | 1989. :   |  |                              |  |
| (20)           | I am exempted from preliminary t  | est under Rule 11(2) of the Cen                | tral Motor Vehicle           |  |
|                | Act, 1989.:   |  |                              |  |
| (21)           | I have paid the fees of Rs  |  |                              |  |
| Τ.             |   | 11 11 11 64 2 1                                |                              |  |
|                | hereby declare to the best of my knue.  | owledge and belief the particula               | ars given above are          |  |
| Strike out whi | chever is inapplicable.   |  |                              |  |
| Dated:         |   |  | humb impression<br>applicant |  |
|                | Certificate of test   | competency to drive                            |                              |  |
| The a          | pplicant has passed the test prescrib   | ped under Rule 15 of the Centr                 | ral Motor Vehicle Act,       |  |
| 1989. The te   | st was conducted (here enter the  | Registration Mark and descri                   | ption of the Vehicle)        |  |
|                |   |  |                              |  |
|                |   |  |                              |  |
|                | has failed in the test.  f the deficiency to be listed out).                            |  |                              |  |
| Date :         |   | Signature of the testing Full Name and Designa |                              |  |