

FORMS
FORM - 4

(See Rule 14)

**Form of Application for Licence
to Drive a Motor Vehicle**

Space for
photograph of the size
five centimetres by
six centimetres

To,

The Licensing Authority,
.....

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) Medium goods vehicle :
- (f) Medium passenger motor vehicle :
- (g) Heavy goods vehicle :
- (h) Heavy passenger motor vehicle :
- (i) Road roller :
- (j) 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 Marks : 1.
2.
- 8. Blood Group and 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 reason?
- 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 :

	<u>Date of Test</u>	<u>Testing Authority</u>	<u>Result of Test</u>
1.			
2.			
3.			
4.			

- 13. I enclose three copies of my recent photograph of the size five centimetres into six centimetres (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 Certificate No.Dated..... issued by
- 16. I have submitted along with the application for Learner's Licence. The written consent of parent / Guardian.
- 17. I have submitted along with 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, 1939.
- 19. I am exempted from preliminary test under rule 11(2) of the Central Motor Vehicles Rules, 1939.
- 20. I have paid the fee of rupees.

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

Note :- Stricke out whichever in application.

Date.....

Signature / Thumb impression
of applicant

CERTIFICATE OF TEST OF COMPETENCE TO DRIVE

The applicant has passed the test prescribed under rule 10 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 in applicable.