

Form of Application for Licence to drive a Motor Vehicle

To
Licencing Authority



I hereby apply for a licence to enable me to drive vehicles of the following description:

Motor Cycle without gear	
Motor Cycle with gear	
Invalid Carriage	
Light Motor Vehicle	
Medium goods vehicle	
Medium passenger motor vehicle	
Heavy goods vehicle	
Heavy passenger motor vehicle	
Road roller	
Motor vehicle of the following description	

Particulars to be furnished by Applicant

1. Full Name	
2. Son / Wife/ Daughter of	
3. Permanent Address <i>(proof to be enclosed)</i>	
4. Temporary address Official address (if any)	
5. Date of Birth <i>(proof to be enclosed)</i>	
6. Educational Qualification	
7. Identification Marks	1.
	2.
8. <u>Optional</u> Blood Group RH Factor	
9. Have you previously held driving licence. If so, givedetails	
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.	

Date of Test	Testing Authority	Result of Test
1.		
2.		
3.		
4.		

13. I enclose 3 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 Licencing Authority	
15. I enclose driving certificate no. dated..... issued by (Name and address of the driving school)	
16. I have submitted along with my application for Learner's Licence the written consent of parent/ guardian.	
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 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./-

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

Note: Strike out which ever 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 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 the applicant

1.

2.
