(To be filled at the time of applying for Permanent Licence)

FORM-4

FORM OF APPLICATION FOR LICENCE TO DRIVE A MOTOR VEHICLE

[See Rule 14]

To				
The	Licensing Authority			
I ap	ply 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			
(h)	Heavy goods vehicle			
(i)	Road roller			
(j)	Motor vehicle of the following description:			
PARTICUALRS TO BE FURNISHED BY THE APPLICATION				
1.	Name of the Applicant			
2.	Son/Wife/Daughter of			
3.	Permanent address (Proof to be enclosed)			
4.	Date of birth (Proof to be enclosed)			
6.	Education Qualification			
7.	Identification marks			
	(1)(2)			
8.	Optional			
	Blood Group			
	RH Factor			
9.	Have you previously held driving licence. If so give details			
10.				
11.	Have you been disqualified for obtaining a licence to drive ? If so, for what reasons			

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 have enclosed three copies of my recent photographs of the five centimeters into six centimeters (where laminated card is used no photographs are required)			
14.	I have enclosed the learner's authority	s licence No date	d issued by licensing	
15.	I have enclosed the driving ce		ued by	
16.	i. I have submitted my application for learner's licence alongwith the written consent of my parent/guardian.			
17.	I have submitted alongwith the fitness certificate.	e application for learner's	licence/I enclose the medical	
18.	I am exempted from medical 1989.	test under rule 6 of the C	entral Motor Vehicles Rules,	
19.	I am exempted from prelimin Rules, 1989.	ary test under rule 11(2) o	f the Central Motor Vehicles	
20.	I hereby declare that the particular and belief.	culars given above are true	to the best of my knowledge	
Note: Strike out whichever is inapplicable.				
Date		Signature/Thui	mb impression of Applicant	
	CERTIFICATE OF	TEST OF COMPETEN	CE 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 vehicleon (date)				
The applicant has failed in the test (The details) of the deficiency to be listed out).				
Date		S	ignature of Testing Authority Full name and designation	
Two Specimen signature of applicant 1				

^{*}Strike out whichever is inapplicable