

FORM 4

(See rule 14)

FORM OF APPLICATION FOR LICENCE TO DRIVE A MOTOR VEHICLE

1

APPLICATION

I apply for 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 a specified description

II

PARTICULARS TO BE FURNISHED BY THE APPLICANT

1. Name : _____
2. Wife/Son/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 marks : _____
7. Identification Mark 1) _____
2) _____
8. Blood Group _____
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 licenced by the applicant: _____
11. Have you been disqualified for obtaining a licence to drive ? what reason ?

12. Have you been subjected to 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.

PHOTOGRAPH

13. I enclose three copies of my recent photograph of the size five centimetres into six and a quarter centimetres (Where lamination used no photographs are required.)
14. I enclose the Learner's licence No. : _____ dated : _____ issued by Licencing Authority.
15. I enclose the Driving Certificate No.: _____ dated : _____ issued by _____
16. I have submitted along with my application for Learner's Licence the written consent to parent/ guardian certificate.
17. I have submitted alongwith the application for Learner's Licence I enclose the medical 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 12 of the Central motor vehicles Rules, 1986.
20. I have paid the fee of rupees 15/- I hereby declare that to the best of my knowledge and belief to particulars given above are true.

NOTE - Strike out whichever is not applicable.

Date _____

Signature or thub impression
of the applicant

CERTIFICATE OF TEST OF ABILITY TO DRIVE

The applicant has passed the prescribed under rule 17 of the Central Motor Vehicles Rules. 1989.
Test was conducted on (here enter the registration mark and description of the Vehicles)

_____ on date _____

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

Signature of Testing Authority

Date : _____

Full name and Designation

Signature of applicant.