

(FORM A)

FROM [SECTION 7(2) OF THE MOTOR VEHICLE ORD. 1965]
FORM OF APPLICATION FOR LICENSE TO DRIVE A MOTOR VEHICLE
NATIONAL IDENTITY CARD NUMBER

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SECTION-I

apply for a license to enable me to drive

As a paid employee

Other than as a paid employee

- | | | | |
|----|--|----|-------------------------|
| 01 | Motor Cycle | 02 | Motor Car |
| 03 | LTV Including/excluding public service vehicle | 04 | HTV |
| 05 | Delivery Van | 06 | Light Transport Vehicle |
| 07 | Motor Rickshaw | 08 | Tractor Agri |
| 09 | Tractors | 10 | Motor Cab |
| 11 | Road roller | 12 | Invalid Carriages |

SECTION-II

Particulars to be furnished by an applicant

1. Name

| | | | | | | | | | | | | | | | | | | | |
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2. Father Name

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3. Permanent Address

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4. Temporary Address

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5. Date of Birth _____ Blood Group _____ Date of Applicant _____

6. L.P No _____ Date _____

Valid upto _____ for _____

7. Particulars of any license previously held by applicant _____

Date of Applicant _____

8. Particulars and date of every conviction which has been ordered to be endorsed on the only license held by the applicant. _____

9. Have you been disqualified, for obtaining a license to drive? If so then give reason. _____

10. Have you been subjected to a driving test as to fitness or ability to drive a vehicle in respect of which a license to drive as applied for? If so then give date testing authority

and result of test.

SECTION-III

Declaration for the physical fitness of applicant

11. The applicant is required to answer "Yes" or "No" in the space provided opposite each question.

- (a) Do you suffer from epilepsy or from sudden attacks of disabling giddiness of fainting? _____
- (b) Are you able to distinguish with each eye at a distance of 25 yards in good day light (with glasses if worn) motor car number plate containing seven letters and figures? _____
- (c) Have you lost either hand or foot; or you are suffering From any defect in movement control or muscular Power of either arm or leg? _____
- (d) Do you suffer from color blindness or night blindness? _____
- (e) Do you suffer from defect hearing? _____
- (f) Do you suffer from any other disease or disability likely to cause your driving of a motor vehicle to be if so give particulars _____

I declare that to the best of my information and belief the particulars given in section II and the declaration made in section III here are true.

Note:- An applicant who answers "yes" to question (b) and (c) in the declaration and "No" to the questions may claim to be subjected to a test as to his compliancy to drive vehicle of a specified types or types.

Dated: _____ 20

Signature/Thumb impression of Applicant

CERTIFICATE OF TEST OF ABILITY TO DRIVE

The applicant has passed/failed in the test specified in the third scheduled to motor vehicle ord. 1965 the test was conducted on (vehicle no.) _____ on _____

**Duplicate signature or thumb
Impression of applicant**

**Signature of testing
Authority**

License No. _____ dated _____ for _____ has issued to the applicant after necessary verifications.

Licensing authority

FORM B
(SEE SECTION 4(2) SECTION 7(3) AND SECTION 15)
NATIONAL IDENTITY CARD NUMBER

| | | | | | | | | | | | | | | |
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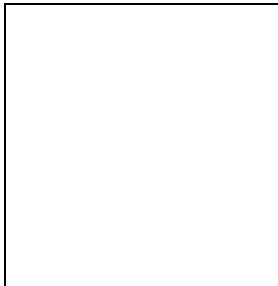
Form of Medical Certificate In respect of an applicant for a license to drive any transport vehicle or to drive any vehicle as a paid employee
TO BE FILLED IN BY A REGISTERED MEDICAL PRACTITIONER

1. What is the applicant's apparent age? _____
2. Is the applicant subject to epilepsy, vertigo or any mental ailment likely to affect his/her efficiency. _____
3. Does the applicant suffer from any heart or lung disorder which might interfere with the performance of his/her duties as a driver? _____
4. (a) Is there any defect of visions? if so, has it been corrected by suitable spectacles? _____
- (b) Can the applicant readily distinguish the pigmentary colours red and green? _____
- (c) Does the applicant suffer from night blindness? _____
- (d) Does the applicant suffer from a degree of deafness which would prevent his hearing the ordinary sound signals? _____
5. Does the applicant has any deformity or loss of members, which effects the performance of his/her duties as a driver? _____
6. Does the applicant possess any evidence of being addicted To the excessive use of alcohol tobacco or drugs? _____
7. In your opinion, he/she is generally fit as regard (a) bodily in health, and (b) eyesight? _____
8. Mark of identification. _____

I certify that to the best of my knowledge and belief the applicant
 (Named) _____

is the person here in above described and that the attached photograph

Is a reasonably correct likeness of the applicant?



SIGNATURE _____
 NAME _____
 Designation _____

Note:- Special attention should be directed to distant vision and to the condition of the arm and hands and joints of both extremities.