

FORM 4

(See Rule 14)

FORM OF APPLICATION FOR LICENCE TO DRIVE A MOTOR VEHICLE.

To,
The Licensing Authority

I hereby apply for a licence authorizing me to drive as a learner,
The following motor vehicle (s):-

- (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.

PHOTOGRAPH
5cm X 6cm

Motor vehicle of the following description,

PARTICULARS TO BE FURNISHED BY THE APPLICANT

1. Full 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 of age to be enclosed) : ____/____/____.
6. Educational Qualification : _____
7. Identification marks (1): _____

(2): _____
8. Optional **Blood Group** 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 of any : _____
Licence held by the applicant : _____
11. Have you been disqualified for obtaining a : _____
Licence to drive? if so for what reasons ? : _____
12. Have you been to a driving test as to your fitness : _____

Or lability 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.		

13 I enclose three copies of my recent photograph of the size five cm into six cm (where laminated card is used no photographs are requires).

14 I enclose the learner's licence no. _____ dated ___/___/___ issued by licensing authority.

15 I enclosed Driving certificate no. _____ dates ___/___/___ issued by _____.

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 enclosed the medical fitness certificate

18 I am exempted from the medical test under rule 6 of the Motor Vehicle Rule ,1989.

19 I am exempted from the preliminary test under rule 11 (2) of the Motor Vehicle Rule ,1989.

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:- Strike out whichever in applicable.

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 Rule ,1989.

The test was conducted on (here enter the registration mark and description of the Vehicle) _____ on (dated) : ___/___/_____.

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 signature of applicant :

1 _____.

2 _____.

Strike out whichever in applicable.