

(To be filled at the time of applying for permanent License)

FORM-4
(See Rule 14)

Form of Application for License to drive a Motor Vehicle

To

The Licensing Authority

I apply for a license to enable 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) Heavy goods vehicle
- (h) Passengers motor vehicle
- (i) Road roller
- (j) Motor vehicle of the following description.

PARTICULARS TO BE FURNISHED BY THE APPLICANT

- 1. Name -----
- 2. Son/Wife/Daughter of -----
- 3. Permanent Address (Proof to be enclosed) -----
- 4. Date of Birth (Proof to be enclosed) -----
- 5. Educational qualification -----
- 6. Identification marks
1-----
2-----
- 7. Optional. -----
Blood Group -----
RH Factor -----
- 8. Have you previously held driving license. If so give details -----
- 9. Particulars and date of every conviction which has been ordered to be enclosed to any license held by the applicant.
- 10. Have you been disqualified for obtaining a license to drive? If so for what reason? -----
- 11. Have you been subjected to a driving test as to your fitness or ability to drive a vehicle in respect of Which a license to drive is applied for? If so give the following details:

Date of Test	Testing Authority	Result of Test
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- 1.
- 2.
- 3.
- 4.
12. I have enclosed three copies of my recent photographs of the five centimeters into six centimeter (where laminated card is used no photographs are required).
13. I have enclosed the learner's license No dated issued by licensing authority.....
14. I have enclosed the driving certificate No.....dated.....issued by.....
15. I have submitted my application for learner's license along with the written consent of my parent/guardian.
16. I have submitted along with the application for learner's license/enclose the medical fitness certificate.
17. I am exempted from medical test under rule 6 of the Central Motor Vehicles Rules, 1989.
18. I am exempted from preliminary test under rule 11 (2) of the Central Motor Vehicles Rules, 1989.
19. I hereby declare the particulars given above are true to the best of my knowledge and belief.

Note: Strike out whichever is inapplicable.

Date -----

Signature/Thumb impression of applicant

CERTIFICATE OF TEST COMPETENCE 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 registration mark and description of the vehicle)----- on (dated)-----

Date-----

Signature of Testing Authority

Full name and designation

Two Specimen signature of applicant

1-----

2-----