APPLICATION FORM FOR LICENCE TO DRIVE A MOTOR VEHICLE
FORM - 4 (See rule - 14)

To
The Licencing Authority,
_____

I enclosed Learners Licence No._____Dt._____Issued by L.A._____.

I hereby apply for a Licence authorising me to drive the following vehicles (**Tick at the appropriate box)**

A) ☐ Motor cycle below 50cc

B) ☐ Motor cycle above 50cc

C) ☐ Light Motor Vehicle (includes Cars & Jeeps)

D) ☐ Transport Vehicle

E) ☐ Road Roller

F) ☐ Invalid Carriage (incase of physically handicapped applicants)

G) ☐ Any Other Category [   ] (Specify the category in the box)

(Please fill the following particulars in CAPITAL Letters only)

1. FULL NAME (Leave one Space between first and last name)

[ ]

2. Son/Daughter/Wife of

[ ]

3. SEX   MALE ☐   FEMALE ☐

4. ADDRESS   PERMANENT   TEMPORARY

	PERMANENT	TEMPORARY
Door No.		
Village/town/city		
Mandal		
District		
Pincode	[ ][ ][ ][ ][ ][ ]	[ ][ ][ ][ ][ ][ ]

5. DATE OF BIRTH   [ ][ ] DD   [ ][ ] MM   [ ][ ][ ][ ] YYYY

6. EDUCATIONAL QUALIFICATION [   ]

7. IDENTIFICATION MARKS
1 [   ]
2 [   ]

8. (Optional) : BLOOD GROUP & Rh FACTOR [ ][ ][ ]

Disclaimer : The applicant is solely responsible for any medical complications that may arise due to wrong declaration of the Blood group.

9. Particulars and date of every conviction which has been ordered to be endorsed on _____ any licence held by the applicant.

10. Particulars of disqualification of the applicant from obtaining a licence to drive,and reasons for it.

_____

Applicant's declaration

12. I enclose the Driving Certificate No. _____ Dated _____
    Issued by_____.

13.	I have submitted along with my application for learner's licence the written consent of parent/guardian	Yes ☐	No ☐
14.	I have submitted along with the application for learner's licence/I enclose the medical fitness certificate	Yes ☐	No ☐
15.	I am exempted from the medical test under Rule 6 of the Central Motor Vehicle Rules 1989	Yes ☐	No ☐
16.	I am exempted from primary test under rule 11(2) of the Central Motor Vehicle Rules 1989	Yes ☐	No ☐
	I hereby declare that to the best of my knowledge and belief the particulars given above are true.	Yes ☐	No ☐

Note: Strike out whichever is inapplicable.

_____

Signature/Thumb Impression

of applicant

CERTIFICATE OF TEST OF COMPETENCE

The test was conducted on vehicle with Reg.No._____on_____.

The applicant has passed the test prescribed under rule 15 of the CMV rules, 1989.

Result of the Test: Passed ☐   Failed ☐   Absent ☐

If failed Reasons for failure

[_____]

[_____]

[_____]

Name of Testing Autority   [_____]

Code   [☐ ☐ ☐]

_____
Signature of the Testing
Authority