FORM – 4 (See rule 4)

Form of Application for License to drive a Motor Vehicle

To.						
The I	Licensing Authority		Constant			
			Space for photograph of the size five			
I apply for license to enable me to drive vehicle of the following Description:			centimeters by six centimetres			
(a)	Motor Cycle without Gear					
(b)	Motor Cycle with Gear					
(c)	Invalid Carriage					
(d)	Light motor vehicle					
(e)	Medium goods vehicle					
(f)	Medium passengers motor Vehicle					
(g)	Heavy Goods Vehicle					
(h)	Heavy passengers motor ve	hicle				
(i)	Road Roller					
(j)	Motor vehicle of the follow	ing description				
	Particu	lars to be furnished by the Applicant				
1.	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 to be enclosed)					
6.	Educational Qualification					

7.	Identification Marks (1)					
8.	Blood Group and R. H.	•••••	•••••			
	factor.	•••••				
9.	Have you previously held driving license? If so, give, details.					
10.	Particulars and date of every conviction which has been ordered to be endorsed on any license held by the applicant.					
11.	Have you been disqualified for obtaining a license to drive? If so, for 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 license to drive is applied for? If so, give the following details.					
	Date of test		Testing Authority	Result of Test		
1.						
2.						
3.						
4.						
13. (where	I enclose three copies of my recent photograph of the size five centimeters into six centimeters are laminated card is used, no photograph are required).					
14.	I enclose the Learner's Licen	ise No.		dated		
	issued by the Licensing Auth	ority				
15.	I enclose the driving Certific	ate No.		dated		
	issues by					
16. guardi		ny appli	cation for Learner's Licens	se the written consent of parent '		

17. I have submitted alongwith the application for Learner's License / I enclose the Medical Fitness Certificate.

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18.	I am exempted from the medical test under Rule 6 of the Central Motor Vehicle Rules, 1989.
19.	I am exempted from preliminary test under Rule 11(2) of the Central Motor Vehicle Rules, 1989.
20.	I have paid the fee of rupees.
	I hereby declare that to the best of my knowledge belief the particulars given above are true.
	*Strike out whichever is inapplicable.
Date	:- Signature / Thumb impression of applicant
	Certificate of test of competence to drive
1989.	The applicant has passed the test prescribed under Rule 15 of the Central Motor Vehicle Rules,
The te on	st was conducted on (here enter the registration mark and description of the vehicle) (date)
	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 is inapplicable.