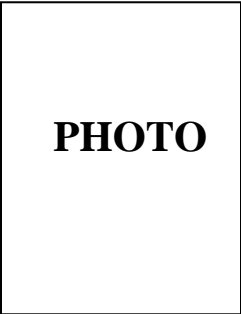


# ਡੁਪਲੀਕੇਟ ਡਰਾਇਵਿੰਗ ਲਾਇਸੰਸ ਬਣਾਉਣ ਲਈ ਜ਼ਰੂਰੀ ਦਸਤਾਵੇਜ਼

- 1) ਇੱਕ ਐਲ.ਐਲ.ਡੀ. ਫਾਰਮ ਭਰ ਕੇ
- 2) ਫਾਰਮ ਨੰਬਰ 7 ਭਰ ਕੇ ।
- 3) ਫਾਰਮ ਨੰਬਰ 1 ਤੇ ਮੈਡੀਕਲ ਕਰਾਕੇ (ਸਿਵਲ ਸਰਜਨ ਦੁਆਰਾ)।
- 4) ਅਸਲ ਪੱਕਾ ਡਰਾਇਵਿੰਗ ਲਾਇਸੰਸ ਨਾਲ ਨੱਥੀ ਕਰੋ।

# FORM L.L.D

(RULE 29 (2) OF PUNJAB MOTOR VEHICLE RULE 1983)  
INTIMATION OF LOSS OR DESTRUCTION OF LICENSE  
APPLICATION FOR DUPLICATE



To

The Licensing Authority  
Bathinda.

1. .... of  
(Permanent Address) ..... and  
present address .....

Father's Name .....

hereby report that license No. ....  
.....issued by the .....day of ..... has  
been lost destroyed in the following.

2. I attach two clear copies of a recent Photograph of my self (1)  
I hereby for a duplicate and declare that to the best of my knowledge and belief my  
original license was endorsed as under:-

.....  
.....  
.....

Date.....

### Signature of thumb impression of applicant

.....  
.....For use Office of the License Authorise on ..... has issued  
by me this ..... day of .....

Dated.....

# FORM NO. 7

## Application for Getting a Laminated Driving License

PHOTO

1. Name of the applicant .....
2. Son/wife/daughter of .....
3. Permanent Address  
(Proof to be enclosed) .....
4. Temporary Address (if any) .....
5. Blood Group .....
6. Date of Birth  
(Proof of Age to be enclosed) .....
7. Identification Marks a..... b.....
8. Type of Vehicle .....
9. Original License No../Date .....
10. Date of Exp. Of Original License .....
11. Name of Issuing Authority .....
12. Date of Last Renewal  
New Class of Vehicle .....
13. Date of Endorsement if any  
New Class of Vehicle .....

Endorse for .....

By Licensing Authority .....

Fee .....

Receipt No. ....

Date.....

Signature of Applicant

### FOR OFFICE USE ONLY

1. Laminated License No. ....  
of.....
2. Date of Validity .....

Date:-

Signature of Licensing Authority

# FORM NO. 7

## Application for Getting a Laminated Driving License

PHOTO

4. Name of the applicant .....
5. Son/wife/daughter of .....
6. Permanent Address  
(Proof to be enclosed) .....
4. Temporary Address (if any) .....
5. Blood Group .....
- 6, Date of Birth  
(Proof of Age to be enclosed) .....
7. Identification Marks a..... b.....
8. Type of Vehicle .....
9. Original License No../Date .....
10. Date of Exp. of Original License .....
11. Name of Issuing Authority .....
12. Date of Last Renewal  
New Class of Vehicle .....
14. Date of Endorsement if any  
New Class of Vehicle .....

Endorse for .....

By Licensing Authority .....

Fee .....

Receipt No. ....

Date.....

Signature of Applicant

### FOR OFFICE USE ONLY

3. Laminated License No. ....  
of.....
4. Date of Validity .....

Date:-

Signature of Licensing Authority

# FORM -1

## MEDICAL CERTIFICATE

(SEE RULE 5.7 10 (A) AND 18)

(TO BE FILLED IN BY A REGISTERED MEDICAL PRACTITIONER APPROVED BY THE GOVERNMENT UNDER SUB SECTION (3) OF SECTION (8)

1. Name .....
2. Son of .....
3. Resident of .....
4. Date of Birth .....
5. Does the applicant suffer from any defect of vision? If so, has it been corrected by suitable spectacle  
YES/NO
6. Can the applicant to the best your judgement readily distinguish the pigment colour RED and GREEN  
YES/NO
7. Is the applicant able to distinguish with naked eye at a distance 25 meters in good day light a motor vehicle number plate  
YES/NO
8. Does the applicant suffer from a degree of deafness which prevent the applicant hearing the sound signals?  
YES/NO
9. Does the applicant any defor  
YES/NO
10. Has the applicant any deformity or loss of membrane that would interfere with the efficient performance of his duties as a driver if so, drive your reason in details  
YES/NO

11. Blood group of the applicant .....
12. RH factor of the applicant .....

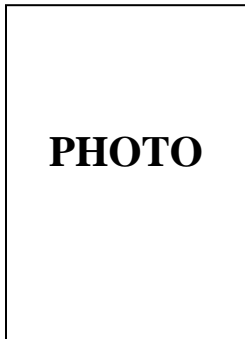
Declaration made by the doctor in Form No 1 regarding physical fitness of the applicant .  
The applicant is not mentally or physically fit to hold a license because of the following  
reason

.....  
.....

Signature and Stamp of the Medical Officer

I also certify that I have personally examined the applicant. I have direct special attention to the distant vision and hearing ability, the condition of the arms, legs, hand and joints of both extremities of the candidate and to best of my judgement. The applicant is medically fit to hold a driving license.

Signature



Name and Designation of Medical Officer

Signature of the applicant