

# ਲਰਨਿੰਗ ਡਰਾਇਵਿੰਗ ਲਾਇਸੰਸ ਬਣਾਉਣ ਲਈ ਜ਼ਰੂਰੀ ਦਸਤਾਵੇਜ਼

- 1) ਫਾਰਮ ਨੰਬਰ 2 ਭਰ ਕੇ
- 2) ਫਾਰਮ ਨੰਬਰ 1 ਉਪਰ ਮੈਡੀਕਲ ਕਰਾਕੇ (ਸਿਵਲ ਸਰਜਨ ਦੁਆਰਾ)
- 3) ਉਮਰ ਦਾ ਸਬੂਤ (ਪਾਸਪੋਰਟ, ਸਕੂਲ ਸਰਟੀਫਿਕੇਟ, ਜਨਮ ਸਰਟੀਫਿਕੇਟ, ਪੈਨ ਕਾਰਡ, ਦੀ ਕਿਸੇ ਗਜਟਿਡ ਅਫਸਰ ਜਾਂ ਨੋਟਰੀ ਦੁਆਰਾ ਤਸਦੀਕ ਸ਼ੁਦਾ ਫੋਟੋ ਕਾਪੀ, ਜੀਵਨ ਬੀਮਾ ਪਾਲਿਸੀ।
- 4) ਰਿਹਾਇਸ਼ ਦਾ ਸਬੂਤ (ਰਾਸ਼ਨ ਕਾਰਡ, ਵੋਟਰ ਕਾਰਡ, ਪਾਸਪੋਰਟ, ਸਰਕਾਰੀ ਸ਼ਨਾਖਤੀ ਕਾਰਡ, ਵਾਹਨ ਰਜਿਸਟਰੇਸ਼ਨ ਦਾ ਸਰਟੀਫਿਕੇਟ, ਬਿਜਲੀ ਦਾ ਬਿਲ, ਟੈਲੀਫੋਨ ਦਾ ਬਿਲ, ਪਾਣੀ ਦਾ ਬਿਲ, ਸਰਕਾਰੀ ਬੈਂਕ ਦੀ ਪਾਸ ਬੁੱਕ, ਅਸਲਾ ਲਾਇਸੰਸ ਵਿਚੋਂ ਕਿਸੇ ਇਕ ਦੀ ਗਜਟਿਡ ਅਫਸਰ ਜਾਂ ਨੋਟਰੀ ਦੁਆਰਾ ਤਸਦੀਕਸ਼ੁਦਾ ਫੋਟੋ ਕਾਪੀ।

ਨੋਟ:-

1. ਜਨਮ ਦਾ ਸਬੂਤ ਨਾ ਹੋਣ ਦੀ ਸੂਰਤ ਵਿਚ ਸਿਵਲ ਸਰਜਨ ਵੱਲੋਂ ਜਾਰੀ ਕੀਤਾ ਜਨਮ ਸਰਟੀਫਿਕੇਟ।
2. ਸਰਕਾਰੀ ਕਰਮਚਾਰੀ ਜਨਮ ਅਤੇ ਰਿਹਾਇਸ਼ ਦੇ ਸਬੂਤ ਲਈ ਆਪਣੇ ਦਫਤਰ ਦੇ ਲੈਟਰ ਹੈੱਡ ਤੇ ਜਨਮ ਤਾਰੀਕ ਅਤੇ ਰਿਹਾਇਸ਼ੀ ਪਤਾ ਲਿਖ ਕੇ ਆਪਣੇ ਅਫਸਰ ਤੋਂ ਤਸਦੀਕ ਕਰ ਕੇ ਦੇ ਸਕਦੇ ਹਨ।

# FORM NO. 2

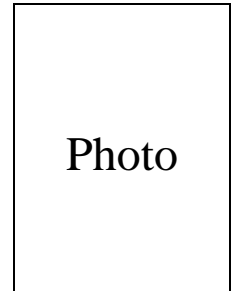
See Rule 10

Form for Application for the Grant of New Learner's License/Renewal of Learner's License

To

The Licensing Authority,

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



I hereby apply for a license to authorizing me drive as a learner,  
the following vehicle (s)

2. Motor Cycle without Gear
3. Scooter/Motor Cycle
4. Car/Jeep/Tractor
5. Light Motor Vehicle
6. Medium Goods Vehicle
7. Medium Passenger Motor Vehicle
8. Heavy Goods Vehicle
9. Road Roller
10. Auto Rickshaw

## PARTICULARS TO BE FURNISHED BY THE APPLICANT

1. Name of the applicant .....
2. Son/wife/daughter of .....
3. Permanent Address  
(proof to be enclosed) .....
4. Temporary Address (if any) .....
5. Official Address (if any) .....
6. Date of Birth  
(Proof of Age to be enclosed) .....
7. Educational Qualification .....
8. Identification Marks 1. ....2. ....
9. Blood Group & RH Factor .....
10. I hold an effective driving license to be drive

- a) Motor Cycle/Light Vehicle/Medium Passenger Vehicle/Medium Goods Vehicle with effect from.....
11. Particulars of driving license previously held by the applicant whether it was cancelled and so for what reasons.
  12. Particulars of any learner's license previously hold by the applicant in respect of the description of vehicle of which the applicant has applied.
  13. Have you been of qualified for holding or obtaining driving license or learner license if so for what reason.
  14. I enclosed three copies of my recent photograph (photograph to be of the size of 5cm X 6cm)
  15. I enclosed medical fitness certificate dated ..... is us only (doctor).....
  16. I have submitted along with any earlier application for learner's license/I enclose the written consent of parents/guardian (to be the case of application being a minor)
  17. I enclose driving certificate dated .....issued by .....(Name & Address of driving School.
  18. I have paid the Rs. ....
  19. I am exempted from the medical test under rule 8 of the central motor vehicle rule 1989
  20. I am exempted from the preliminary test under rule 11(2) of the central motor vehicle.

Strike out which is inapplicable

Signature of applicant

Date

Duplicate Signature of the applicant

Declaration Under Section (1) of Section (7) of the Motor Vehicle Act. 1988

Shri/Kumari .....Son/Daughter of .....

Who is a minor is under my carry and I receipt responsibility for his/her driving. I shall intimate the licensing authority in writing for the cancellation. I give my consent for his/her obtaining learner's license.

Signature

Name & Full address of Parent's Guardian

Relationship

(To be signed in the presence of the licensing authority of Person Authorised in this behalf by the Licensing Authority)

For Office Use

The applicant is exempted from the medical test under rule 8 & the preliminary test under rule 11 (12) of the Central Motor Vehicle Act. 1989 Learner License may be issued.

The applicant was tested with reference to rule 11(1) of the Central Motor Vehicle Act 1989. He has passed the test. Learner's License may be issued.

x He has failed the test (Reasons should be specified)

Learner's License may be refused.

Signature of Licensing Authority  
Or person authorised in this behalf.

# 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  
.....

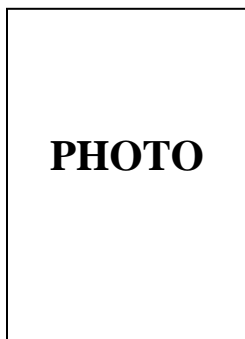
Declaration made by the doctor in Form No 1 regarding physical fitness of the applicant . The applicant is not mentally or physically fit to hold a license because of the following reason

.....  
.....

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