ਪੱਕਾ ਡਰਾਇਵਿੰਗ ਲਾਇਸੰਸ ਬਣਾਉਣ ਲਈ ਜ਼ਰੂਰੀ ਦਸਤਾਵੇਜ

ਲਰਨਰ ਲਾਇਸੰਸ ਦੀ ਮਿਆਦ ਖਤਮ ਹੋਣ ਤੋਂ ਪਹਿਲਾ

1) ਫਾਰਮ ਨੰਬਰ 4 ਭਰ ਕੇ
2) ਫਾਰਮ ਨੰਬਰ 7 ਭਰ ਕੇ
3) ਲਰਨਰ ਡਰਾਇਵਿੰਗ ਲਾਇਸੰਸ ਨੱਥੀ ਕਰੋ ।
4) ਫਾਰਮ ਨੰਬਰ 1 ਉਪਰ ਮੈਡੀਕਲ ਕਰਾਕੇ (ਸਿਵਲ ਸਰਜਨ ਦੁਆਰਾ)
5) ਤਿੰਨ ਪਾਸਪੋਰਟ ਸਾਈਜ਼ ਫੋਟੋ

ਨੋਟ:-

ਐਲ.ਐਮ.ਵੀ. ਅਤੇ ਐਚ.ਟੀ.ਵੀ. ਲਾਇਸੰਸ ਬਣਾਉਣ ਲਈ ਕਿਸੇ ਮਾਨਤਾ ਪ੍ਰਾਪਤ ਡਰਾਇਵਿੰਗ ਸਕੂਲ ਦਾ ਸਰਟੀਫਿਕੇਟ ਲਾਜ਼ਮੀ ਹੈ ।

FORM 4

(SEE RULES 10)

Form for application License to Drive a Motor Vehicle

To

The Licensing Authority,
Bathinda.

_____

Photo

I hereby apply for a license to enable me to drive vehicle of the following description

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
11. Invalid Carriage

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.	Phone No.	……
6,	Date of Birth (Proof of Age to be enclosed)	…… ……
7.	Identification Marks	a…… b…….....
8.	Have you been disqualified for Obtaining a license to drive? If so for what reason?	…… …… ……

9. I enclose License No. ……Date …….. issued by …….
10. I enclose, Driving Certificate No. ……. Date……. issued by ……..
11. I have submitted written consents of parents or guardian along with learning license.
12. I have submitted medical fitness certificate with the learners license and I am exempted for the medical test under rule under 8 of the central motor vehicle rules 1989.
13. I am exempted form the preliminary test under rule 11(2) of the CMV Rule 1989.
14. I have paid the fees Rs. ……..

I hereby declare that particulars given above are true to the best of my knowledge and belief.

Date:- Signature Thumb Impression of the applicant.

CERTIFICATE OF TEST OF COMPETENCE TO DRIVE

This applicant has passed the test prescribed under the rule 15 of Central Motor Vehicle Act 1989. The test was conducted on (here enter the Registration Number of Vehicle)……. on ……..

Applicant has failed in test

(if failed, details of the deficiency to be listed out) ……

…….

If passed the classed of Vehicle for which the test has been passed.

1.
2.
3.
4.
5.

Signature & Stamp the Testing Authority
Full Name & Designation

Two Specimen Signature of the applicant

1.
2.

PHOTO

FORM NO. 7

Application for Getting a Laminated Driving License

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

PHOTO

FORM NO. 7

Application for Getting a Laminated Driving License

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 membrance 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 distanticision and hearing ability, the condition of the arms, legs, hand and joints of both extermities of the candidate and to best of my judgement. The applicant is medically fit to hold a driving license.

Signature

PHOTO

Name and Designation of Medical Officer

Signature of the applicant