

**gZek vobofBzr vokfJftzr bkfJ;z; pDkT[D bJh  
Io{oh d;skt/i  
boBo bkfJ;z; dh fwnkd ysw j'D s'A gfjbk**

- 1) ckow Bzpo 4 Go e/
- 2) ckow Bzpo 7 Go e/
- 3) boBo vokfJftzr bkfJ;z; BZEh eo' .
- 4) ckow Bzpo 1 T[go w?vheb eoke/ (f;tb ;oiB d[nkok)
- 5) fszB gk;g'oN ;kJhI c'N'

B'NL^

n?bHn?wHthH ns/ n?uHNhHthH bkfJ;z; pDkT[D bJh fe;/ wkBsk  
gqkgs vokfJftzr ;e{b dk ;oNhfce/N bkIwh j? .

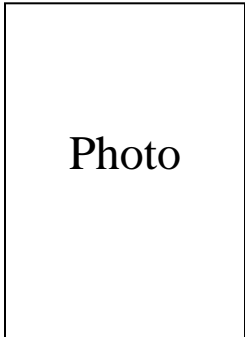
**FORM 4**

**(SEE RULES 10)**  
**Form for application License to Drive a Motor Vehicle**

To

The Licensing Authority,  
Bathinda.

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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 or 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.

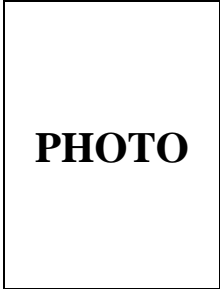
Signature & Stamp the Testing Authority  
Full Name & Designation

Two Specimen Signature of the applicant

- 1.
- 2.

# 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

# **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 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 defomity 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 .....

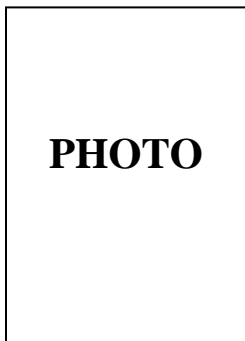
Declaration made by the doctor in Form No 1 regarding physical fitness of the applicant . The applicant is not mentally or physically fit to hold al license because of the following reason

.....  
.....

Signature and Stamp of the Medical Officer

I also certify that i have personally examined the applicant. I have direct special attention of 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



Name and Designation of Medical Officer

Signature of the applicant