

**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^

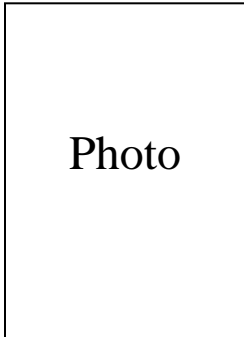
n?bHn?wHthH ns/ n?uHNhHthH bkfJ;z; pDkT[D bJh fe;/ wkBsk
gqkgs vokfJftzr ;e{b dk ;oNhfce/N bkIwh j? .

FORM 4

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

To

The Licensing Authority,
Bathinda.



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

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 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

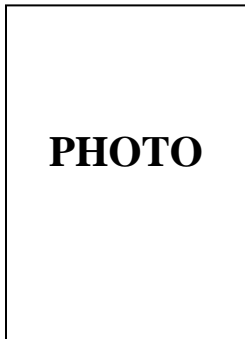
Declaration made by the doctor in Form No 1 regarding physical fitness of the applicant . The applicant is not mentally or physically fit to hold al license because of the following reason

.....
.....

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