FORM – 4 (See Rule 14)

Form of Application for Licence to drive a Motor Vehicle

To,

The Licensing Authority,

I apply for licence to enable me to drive vehicles of the following description

- a) Motor Cycle without gear.
- b) Motor Cycle with gear.
- c) Invalid carriage.
- d) Light motor vehicle.
- e) Medium goods vehicle.
- f) Medium passenger motor vehicle.
- g) Heavy goods vehicle.
- h) Heavy passenger motor vehicle.
- i) Road roller.

j) Motor vehicle of the following description:

[Passport size Photograph]

Particulars to be furnished by the Applicant

1.	Name		:	
2.	Son/wife/daughter of			
3.	Permanent address (Proof to be enclosed)		:	
4.	Temporary address/Official address (if a	ny)		
5.	Date of Birth (Proof to be enclosed)			
6.	Educational qualification			
7.	Identification Marks		: 1)	
			2)	
[8.	Optional/Blood Group – Rh Factor]			
9.	Have you previously held driving licence If so, give details			
10.	Particulars and date of every conviction which has been ordered to be enclosed			
	on any licence held by the applicant		:	
11.	Have you been disqualified for obtaining a licence to drive? If so, for what reason		·	
12.	Have you been subjected to a driving test as to your fitness or ability to drive a vehicle respect of which a license to drive in			
	in respect of which a licence to drive is applied for? If so, give the following details		:	
	Date of Test To	esting	Authority	Result of Test
1.				
2.				
3.				
4.				

13. I enclose three copies of my recent 54[[Passport size photograph] (where laminated card is used no photographs are required)

14. I enclose the Learner's Licence No					
15. I enclose the driving certificate No. dated Issued by					
 I have submitted alongwith my application for Learner's Licence the written consent of parent/guardian. 					
17. I have submitted alongwith the application of Learner's Licence /I enclose the medical fitness certificate.					
18. I am exempted from the medical test under Rule 6 of the Central Motors Vehicles Rules, 1989.					
19. I am exempted from preliminary test under Rule 11 (2) of the Central Motor Vehicles Rules, 1989.					
20. I have paid the fee of rupees					
I herby declare that to the best of my knowledge and belief the particulars given above are true.					
Note:- Strike out whichever is inapplicable.					
Dated:					
Signature/Thumb Impression of applicant					
Certificate of Test of Competence to Drive					
The applicant has passed the test prescribed under Rule 15 of the Central Motor Vehicles Rules, 1989. The test was conducted on (here enter the registration mark and description of the vehicle) on (date).					
The applicant has failed in the test.					
(The details of the deficiency to be listed out)					
Date:					
Signature of Testing Authority					

Full name and designation

Two specimen Signatures of Applicant

Strike out whichever is inapplicable.