## FORM – 4 (See rule 4)

## Form of Application for License to drive a Motor Vehicle

10.			
	The Licensing Auth	ority	Sugar for
Desc	I apply for license to enable ription:	me to drive vehicle of the following	Space for photograph of the size five centimeters by six centimeters
(a)	Motor Cycle without Gear		
(b)	Motor Cycle with Gear		
(c)	Invalid Carriage		
(d)	Light motor vehicle		
(e)	Medium goods vehicle		
(f)	Medium passengers motor	Vehicle	
(g)	Heavy Goods Vehicle		
(h)	Heavy passengers motor ve	hicle	
(i)	Road Roller		
(j)	Motor vehicle of the follow	ing description	
	Particul	ars 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 any)		
5.	Date of birth (Proof to be enclosed)		
6.	Educational Qualification		

1.	Identification Marks (1)	•••••		•••••		
8.	Blood Group and R. H. factor.					
9.	Have you previously held driving license? If so, give, do					
10.	Particulars and date of every conviction which has been ordered to be endorsed on any license held by the applicant.					
11.	Have you been disqualified for obtaining a license to drive? If so, for what reason?					
12.	Have you been subjected to driving test as to your fitness or ability to drive a vehicle in respect of which a license to drive is applied for? If so, give the following details.				•••	
	Date of test	Testin	g Authority	Result of Test		
1.						
2.						
3.						
4.						
13. (where	I enclose three copies of my relaminated card is used, no pho		•	e centimeters into six centimeters	S	
14.	I enclose the Learner's Licens	se No		dated		
	issued by the Licensing Author	ority				
15.	I enclose the driving Certifica	ite No		dated		
	issues by					
16. guardi		ny application	for Learner's Lice	ense the written consent of paren	ıt'	

I have submitted along with the application for Learner's License / I enclose the Medical Fitness

17. I have Certificate.

	20.	I hav	e paid the fee of rupees		
20. I have paid the fee of rupees	19.	I am exempted from preliminary test under Rule 11(2) of the Central Motor Vehicle Rules, 1989			
		1 am	exempted from the medical test under Rule 6 of the Central Motor Vehicle Rules, 1989.		

Signature / Thumb impression of applicant

## Certificate of test of competence to drive

Rules, 1989.	The applicant has passed the test prescribed u	under Rule 15 of the Central Motor Vehicle
vehicle) (date)	The test was conducted on (here enter the	
The ap	pplicant has failed in the test.	
(The d	details of the deficiency to be listed out)	
Date		
		Signature of Testing Authority Full name and designation
	Two specimen signature of	f applicant

Strike out whichever is inapplicable.