FORM-4 CENTRAL MOTOR VEHICLE RULE –1989 (See Rule –10) FORM OF APPLICATION FOR THE LICENCE TO DRIVE A MOTOR VEHICLE

To,

The Licensing Authority

Apply for the Licence the enable me to drive vehicle of the following description.

- a. Motor Cycle without Gear
- b. Motor Cycle with gear
- c. Invalid Carriage
- d. Lighter Motor Vehicle
- e. Medium Good Vehicle
- f. Medium passenger motor vehicle
- g. Heavy Passenger motor Vehicle

licence to drive? If so for what reason.

- h. Road Roller
- i. Motor Vehicle of the following Description.

PARTICULARS TO BE FURNISH BY APPLICANT

1.Full Name	
2.Son /Wife /Daughter of	
3.Permanent Address	
4.Proof to be enclosed	
5.Temporary Address (If any)	
6.Official Address (If any)	
7. Date of Birth proof of age to be enclosed	
8.Educational Qualification	
9.Blood Group and R.H factor	
10.Have you previously held driving	
11.License .if so give detail	
12.Particulars and date of every conviction with has been ordered to be	
13.endrosed on any license held be the applicant	
Have you been disqualified for obtaining a	

Have you been subject to a driving test as to your fitness or ability to drive a vehicle in respect to which a licence to drive is added for ? if so give the following details.

Date of Test Testing Authority Results of Test

I enclosed these copies is my recent photograph of the size five centimeter in to six centimeter where limited card is used on photograph are required)					
issued by licensing Authority	date				
			I have submitted along with my application for learner's licence the written concent parents/guardian I have submitted along with the application for learner's enclose the medical fitness certificate. I am exempted from priliminary test under Rule 6 of the central motor vehicle Rule 1989. I am exempted from priliminary test under Rule 112 (2) of case central motor vehicle Rule 1989. have paid the fees of Rupees		
Certificate of that competency to drive					
The applicant has passed the test prescribed Rule of the central motor vehicle 1989 the test was conducted (here either the registration mark and description the vehicle oddte .					
Date	: Signature of the testing Authority				
Full name and Address	:				
Specimen Signature of Applicant	:				