

FORM 9

Form of application for the renewal of driving license

[See Rule 18(1)]

I, Shri / Smti / Kumari hereby apply for the renewal of my driving license which is attached and particulars which are as follows:-

- a) Number
- b) Date of issue
- c) Licensing Authority by whom license was issued
- d) Licensing Authority by whom the license was last renewed
Number and date of renewal

My present Address is
.....

If this address is not entered on the license I, do / do not wish that it should be so entered.

If the license is not attached, reasons why it is not available?
.....

If the license was not renewed within thirty days of the date of expiry, full reasons for delay
.....

The renewal of license has not been refused by any Licensing Authority.

I have not been disqualified for holding or obtaining a driving license. My license has not been revoked.

I enclose a Medical Fitness Certificate.

I declare to the best of my knowledge and belief that the particulars given above are true.

Signature of thumb impression
of applicant

Date

Name
Address
.....
.....

as a driver? If so, give your reason in details.

Optional

(g) (a) Blood group of the applicant (if the applicant so desires that the information may be noted in his driving license).

(b) RH factor of the applicant (if the applicant so desires that the information may be noted in his driving license).

Declaration made by the applicant in Form I as to his physical fitness is attached.

[Certificate of Medical Fitness

I certify that :

- (i) I have personally examined the applicant Shri / Smti / Kum
- (ii) that while examining the applicant I have directed special attention to his / her distant vision;
- (iii) while examining the applicant, I have directed special attention to his / her hearing ability, the condition of the arms, legs, hands and joints of both extremities of the applicant; and
- (iv) I have personally examined the applicant for reaction time, side vision and glare recovery, (applicable in case of persons applying for a license to drive goods carriage carrying goods of dangerous or hazardous nature to human life.

And, therefore, I certify that, to the best of my judgement, he is medically fit / not fit to hold a driving license].

The applicant is not medically fit to hold a license for the following reasons;

Signature

1. Name and designation of the Medical Officer / practitioner

(Seal)

2. Registration number of medical officer

Date

Signature or thumb impression of the candidate

1. Inc. by G. S. R. 221(E), dated, 28th March, 2001 (w.e.f. 28-3-2001).

NOTE :- The medical officer shall affix his signature over the photograph affixed in such a manner that part of his signature is upon the photograph and part on the certificate.

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