

**FORM 4**

{See Rule 14}

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

To

The Licensing Authority,

I apply for a license 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

**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 any)
5. Date of birth (Proof to be enclosed)
6. Educational qualification
7. Identification Marks (1)
8. Blood Group with RH factor (2)
9. Have you previously held driving license ?  
If so, give details.

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 a 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	Testing Authority	Result of Test
(1)			
(2)			
(3)			
(4)			

13. I enclose three copies of my recent photograph of the size 5 cms. X 6 cms. (where laminated card is used no photographs are required).
14. I enclose the Learner's License No. \_\_\_\_\_, dated \_\_\_\_\_ issued by Licensing Authority \_\_\_\_\_
15. I enclose the Driving Certificate No. \_\_\_\_\_, dated \_\_\_\_\_ issued by \_\_\_\_\_
16. I have submitted alongwith my application for Learner's License the written consent of parent / guardian.
17. I have submitted alongwith the application for Learner's License / I enclose the medical fitness certificate.
18. I am exempted from the medical test under rule 6 of the Central Motor 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 Rs. \_\_\_\_\_

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

---

\* Strike out whichever is inapplicable.

Date

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) (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 :

(1)

(2)

---

Strike out whichever is inapplicable.