FORM 4
[See rules 14(1) ]
FORM OF APPLICANT FOR LICENCE TO DRIVE
A MOTOR VEHICLE

To

The Licensing Authority
...........................................
...........................................

I apply for a 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) Transport vehicle
(f) Road roller
(g) Motor vehicles of the following description, namely ..........................................................

PARTICULARS TO BE FURNISHED BY APPLICANT

1. Full Name .................................................................

2. Son / wife / daughter of ............................................................... ..........................................................

3. Permanent address
   (Flectoral Roll/ Life Insurance Policy / Passport / Pay slip issued by any office of the Central Government/Sate Government or a local body/Any other document or documents as may be prescribed by the Sate Government /affidavit sworn before an Executive Magistrate or a First Class Judicial Magistrate or a Notary Public to be enclosed)
   ........................................................................
   ........................................................................
   ........................................................................

4. Temporary address / Official address. If any .................................................................

5. Duration of stay at the present address .................................................................

6. Date of birth
   (Birth Certificate / School certificate / affidavit sworn before an Executive Magistrate or a First Class Judicial Magistrate or a Notary Public to be enclosed)
   ........................................................................

7. Place of birth .................................................................

8. If place of birth out side India, when migrated to India .................................................................

9. Educational Qualification .................................................................

10. Identification mark(s) 1........................................................................
    2........................................................................

11. Blood group
   RH (Rhesus factor) .................................................................

12. Have you previously held driving licence ?
   If so, give details. .................................................................
13. Particulars and date of every conviction which has been ordered to be endorsed on any licence held by the applicant.

14. Have you been disqualified for obtaining a licence held by the applicant.

15. Have you been subject to a driving test as to your fitness or ability to drive a vehicle in respect of which a licence to drive is applied for? If so, give the following details:

<table>
<thead>
<tr>
<th>Date of test</th>
<th>Testing authority</th>
<th>Result of test</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
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<td>2.</td>
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<td>3.</td>
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<td>4.</td>
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</table>

16. I enclosed three copies of my recent passport size photograph (where laminated card is used no photographs are required).

17. I enclosed the learner's licence No ............... dated ................. issued by licensing authority.

18. I enclosed the driving certificate No................. dated .......................... issued by ...................... by the licensing authority.

19. I have submitted along with my application for learner's licence written consent of parent / guardian.

20. I have submitted along with the application for learner's licence / I enclose the medical fitness certificate.


23. I have paid the fee of Rs. .................................................................

*Strike out whichever is inapplicable.

Date ................................................     Signature / Thumb impression

CERTIFICATE OF TEST OF COMPETENCE TO DRIVE

The applicant has passed the test prescribed under rule 15 of the Central Motor Vehicle 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

Two specimen signature of Applicant:

1. ........................................................
2. ........................................................

*Strike out whichever is inapplicable.
Note :- The application along with the scanned copies of the required document may also be sent to the concerned Licensing Authority through Electronic Mail, if allowed by the concerned State Government / Union Territory Administration.

In such cases, the Licensing Authority shall scrutinise the application and intimate the applicant about the acceptance / any discrepancy.

In case the application is accepted, the applicant shall be intimated through Electronic Mail to report to the Authority concerned on an appointed date along with the document for further verification, submission of application fee and examination of the applicant.