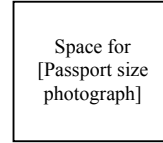


FORM 4 A

[See rules 14(2)]

FORM OF APPLICANT FOR ISSUE OF INTERNATIONAL DRIVING PERMIT TO DRIVE A MOTOR VEHICLE IN OTHER COUNTRY

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



I apply for an International Driving Permit to enable me to drive vehicle of the following categories:

CATEGORIES OF VEHICLE FOR WHICH THE PERMIT IS APPLIED FOR

- (A) Motor Cycle Category L₁ and L₂
- (B) Motor vehicle, other than those in category (A) above, having a permissible maximum mass / weight not exceeding 3,500 KG (7700 Ib) and not more than eight seats in addition to the driver seat in Category M₁
- (C) Motor vehicle used for the carriage of goods and whose permissible maximum mass / weight exceed 3,500 KG (7700 Ib);
- (D) Motor vehicle used for the carriage of passenger and having more than eight seats in addition to the driver's seat;
- (E) Combination of vehicle of which the driving vehicle is in a category or categories for which the driver is licensed (B and / or C and / or D), but which are not themselves in that category or categories.

PARTICULARS TO BE FUNISHED BY APPLICANT

1. Name
(Surname) (Middle Name) (First Name)
2. Father's or Husband's name
3. Place of Birth and Country
(Proof to be enclosed)
4. Address :
(a) Present
.....
(b) Permanent
.....
.....
5. Date of birth (proof to be enclosed)
6. Educational Qualification
7. Identification marks (1)
(2)
8. Blood group /RH factor
9. Have you previously held
International Driving Permit? It so,
give details.
10. Particulars and date of every
conviction which has been ordered to
be endorsed on any driving licence
held by the applicant

11. Have you been disqualified for obtaining a driving licence to drive ?
If so, for what reason?
12. Have you been subjected to a driving test as to your fitness or ability to drive licence 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 passport size photograph.
14. I enclose the copy of driving licence No..... dated
..... Issued by Valid up to
.....
15. I enclose a medical certificate in form 1A.
16. I have paid the fee of Rs

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

Date

Signature / Thumb impression of Applicant

* Strike out whichever is inapplicable.