

**(FORM A)**

From [Section 7 (2) of the motor Vehicle Ord. 1965]  
**FORM OF APPLICATION FOR LICENSE TO DRIVE A MOTOR VEHICLE**  
**NATIONAL IDENTITY CARD NUMBER**

[illegible]

**apply for a license to enable me to drive**

as a paid employee

other than as a paid employee

- |    |                |    |                  |
|----|----------------|----|------------------|
| 01 | Motor Cycle    | 02 | Motor Car        |
| 03 | LTV            | 04 | HTV              |
| 05 | Motor Rickshaw | 06 | Tractor Agri     |
| 07 | Tractor Comm   | 08 | Motor Cab        |
| 09 | Road Roller    | 10 | Invalid Carriage |

### 11 Particulars to be furnished by an applicant

[illegible][illegible][illegible][illegible]

<b>4. Temporary Address</b>	

[illegible]

5. Date of Birth \_\_\_\_\_ Blood Group \_\_\_\_\_ Date of Applicant \_\_\_\_\_

6. L.P. No \_\_\_\_\_ Date \_\_\_\_\_

Valid upto \_\_\_\_\_ for \_\_\_\_\_

**7. Particulars of any license previously held by applicant**

Date of Applicant \_\_\_\_\_

8. Particulars and date of every conviction which has been ordered to be endorsed on only license held by the applicant.

9. Have you been disqualified, for obtaining a license to drive? If so for what reason.

10. Have you been subjected to a driving test as to fitness or ability to drive a vehicle in respect of which a license to drive as applied for? If so give date testing authorities and result of test. \_\_\_\_\_

Declaration as to physical fitness of applicant.

11. The applicant is required to answer "Yes" or "No" in the space provided opposite each question.
- (a) Do you suffer from epilepsy or from sudden attacks of disabling giddiness or fainting? \_\_\_\_\_
- (b) Are you able to distinguish with each eye at a distance of 25 yards in good daylight (with glass if worn) a motor car number plate containing seven letters and figures? \_\_\_\_\_
- (c) Have you lost either hand or foot or you suffering from any defect in movement control or muscular power of either Arm or leg? \_\_\_\_\_
- (d) Do you suffer from colour blindness or night blindness? \_\_\_\_\_
- (e) Do you suffer from defect of hearing? \_\_\_\_\_
- (f) Do you suffer from any other disease or disability likely to cause your driving of a motor vehicle to be source of danger to the public?  
If so give particulars \_\_\_\_\_

I declare that to the best of my information and belief the particulars given in section II and the declaration made in section III here are true.

Note:- An applicant who answers "yes" to question (b) and (c) in the declaration and "No" to the questions may claim to be subjected to a test as to his competency to drive vehicle of a specified type or types.

The \_\_\_\_\_ 20 \_\_\_\_\_ Signature/thumb impression of Applicant

#### CERTIFICATE OF TEST OF ABILITY TO DRIVE

The applicant has passed in the test specified in the Third schedule to Motor Vehicle Ord. 1965  
failed  
the test was conducted on (vch no.) \_\_\_\_\_ dated \_\_\_\_\_  
at \_\_\_\_\_

Duplicate signature or thumb  
impression of applicant

Signature of testing  
Authority

License No. \_\_\_\_\_ dated \_\_\_\_\_ for \_\_\_\_\_ has  
Issued to the applicant after necessary verifications.

Licensing Authority