

**TELANGANA TRANSPORT DEPARTMENT****Online Learner Licence Service.**
Provisional Slot Booking Slip

Dear **AKHIL BANDARI**,

Thanks for using Online Learner License slot booking Service.

Your slot for **Endorsement LL** is successfully filed for **TS20220160004885** with Application Number **TG021/1045/2025/LL**.

Your slot has been booked for **07/04/2025** between **11:00 AM -- 11:10 AM**. Please report **RTA JAGITYAL**.
Failing which your slot will be cancelled.

This is provisional booking, subject to confirmation only on payment of requisite fee within 24 hours
at any eseva/meseva center or you can pay online.
Failure in payment of fee within 24 hours your slot will be cancelled.

Payment Details**Office Address**

1. Application Fee	Rs. 300
2. Service Charge	Rs. 100
3. Test Fee	Rs. 50.00

RTA JAGITYAL, H-No 7-
1/A and 7-1/B ,Near
SRSP Main Canal,
Thatipally

Total Rs. **450**

You have applied for the following class of vehicle(s).

Light Motor Vehicle Non Transport, Motor Cycle With Gear (Transport)

NOTE: After payment of fee, please go to slot booking screen and click on "need a confirmation slip/cancellation /modification of slot" and enter details and click on "PRINT/MAKE PAYMENT" for printing of filled in application form.

Please follow the below safety rules when at RTA Office

1. Please sanitize your hands.
2. Please wear a mask.
3. Please maintain Physical Distancing
4. Please follow the COVID-19 guidelines issued by Government / Competent Authority.
5. Please Visit the RTA Office in the Time Slot booked.



FORM - 2
APPLICATION FOR THE GRANT OF LEARNER'S LICENCE
(See Rule 10)

To
 The Licensing Authority,
RTA JAGITYAL

I hereby apply for a licence authorising me to drive as a learner, the following motor vehicle(s):

Light Motor Vehicle Non Transport, Motor Cycle With Gear (Transport)

PARTICULARS TO BE FURNISHED BY APPLICANT

1.	Name of the Applicant	AKHIL BANDARI
2.	Son/Wife/Daughter of	BANDARI SATYANARAYANA
3.	Temporary/Official Address (if any)	H.NO 6-15 MUTHYAMPET,MUTHYAMPET MALLIAL JAGITYAL Pin-505452
4.	Date of Birth (DD/MM/YYYY)	12/06/1996
5.	Educational Qualification	10
6.	Blood Group	
7.	I hold an effective driving licence to drive with effect from	
8.	Particulars of any driving licence previously held by applicant whether it was cancelled and if so, for what reasons :.....	
9.	Particulars of any learner's licence previously held by applicant in respect of the description of vehicle to which the applicant applied :	
10.	Have you been disqualified for holding or obtaining driving licence or learner's licence, if so, for what reasons :.....	
11.	I enclose 3 copies of my recent passport size photograph.	
12.	I enclose medical fitness certificate dated.....issued by (Doctor)	
13.	I have submitted along with my earlier application for learner's licence / I enclose the written consent of parent / guardian (in the case of applicant being a minor)	
14.	I have paid the fee of Rs.	
15.	I am exempted from medical test under rule 6 of the C M V Rules, 1989.	
16.	I am exempted from preliminary test under rule 11(2) of the C M V Rules, 1989.	

Date: **07/04/2025**

Place: **MALLIAL**

Signature or thumb impression of the applicant

Specimen signatures or thumb impression of the applicant

1)..... 2).....

DECLARATION UNDER SUB-SECTION(2) OF SECTION 7 OF THE MV ACT, 1988

Shri/Smt./Kum Son/daughter of who is a minor is under my care and I accept responsibility for his/her driving. If at a later date I decide not to accept responsibility for his/her driving I shall intimate the licensing authority in writing for the cancellation of the licence. I give my consent for his/her obtaining learner's licence.

Signature.....

Name & Full Address of the Parent/Guardian

Relationship.....

(to be signed in the presence of the Licensing
 Authority or Person Authorised in this behalf
 by the licensing Authority)

For Office Use :

- * The applicant is exempted from the medical test under Rule 6 and the preliminary test under Rule 11(2) of the CMV Rules, 1989. Learner's Licence may be issued.
- * The applicant was tested with reference to Rule 11(1) of the CMV Rules, 1989. He has passed the test. Learner's Licence may be issued.
- * He has failed in the test (Reasons should be specified)
Learner's Licence may be refused.
- * Strike out which ever is inapplicable.

**Signature of Licensing Authority
or other person authorized in this behalf.**

Important :

1. Please note this booking is subject to a working day only. Where a holiday is declared by Government, Kindly check the web site www.transport.telangana.gov.in for any changes. All changes will be notified on website only.

**FORM -1****(See Rule 5(2))****Application cum declaration as to the fitness**

1.	Name of the Applicant	AKHIL BANDARI
2.	Son/Wife/Daughter of	BANDARI SATYANARAYANA
3.	Permanent Address	H.NO 6-15
4.	Temporary/Official Address	MUTHYAMPET
5.	a) Date of Birth (DD/MM/YYYY)	12/06/1996
	b) Age on date of application	28 Year(s), 9 Month(s)

Declaration :

a) Do you suffer from epilepsy or from sudden attacks of consciousness or Giddiness from any cause?	Yes	No
b) Are you able to distinguish with each eye (or if you have a driving license to drive motor vehicle for a period of not less than five years and if you have lost the sight of one eye after said period of five years and if the applicant is driving a light motor vehicle other than a transport vehicle fitted with an outside mirror on the steering wheel side) or with one eye at a distance of 25 meters in good day light(with glasses if worn) a motor car number plate?	Yes	No
c) Have you lost either hand or foot or are you suffering from any defect or muscular pain of either arm or leg?	Yes	No
d) Can you readily distinguish the pigmentary colors red and green?	Yes	No
e) Do you suffer from night blindness	Yes	No
f) Are you so deaf as to be unable to hear (and if application is for driving of a light motor vehicle with or without hearing aid) the ordinary sound?	Yes	No
g) Do you suffer any other disease or disability likely to cause you a driving of a motor vehicle to be a source of danger to the public ?if so give details.	Yes	No

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

**Signature or thumb impression
of the applicant**

Note :An applicant who answer yes to any of the question(a),(c),(f),and(g) and No to either.Of the question (b) and (d) should amplify his answer with full particulars and may be required.To give further information relating thereto

**FORM 1A****Medical Certificate****[Rule 5(1), (3), 7, 10(a), 14(d) and 18(d)]**

(to be filled in by a registered medical practitioner appointed by the State Government or authorized in this behalf by the State Government referred to under sub-sec(3) of Sec.(8))

1.	Name of the applicant	AKHIL BANDARI
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- a) Does the applicant to the best of your judgement suffer from any defect of vision ? If so ,has it been corrected by suitable spectacles? Yes / No
- b) Can the applicant to the best of your judgement readily distinguish the pigmentary colors ,Red and Green? Yes / No
- c) In your opinion is he able to distinguish with his eye sight of a distance of 25 meters in good day light a motor car Number plates? Yes / No
- d) In your opinion does the applicant suffer from a degree of deafness that would prevent his hearing the ordinary sound signals? Yes / No
- e) In your opinion does the applicant suffer from night blindness? Yes / No
- f) Has the applicant any defect or deformity or loss of member which interfere with the efficient performance of his duties as a driver? If so give your reasons in details. Yes / No
- g)

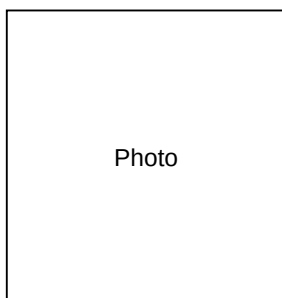
OPTIONAL

- a) Blood Group of the applicant (if the applicant so desires that the information may be noted his driving license)
- b) RH factor of the applicant (if the applicant so desires that the information may be noted his driving license)

Declaration made by the applicant in Form 1 as to physical fitness is attached.

I certify that I have personally examined the applicant /I have directed special Test of the Distant vision and hearing ability, the condition of arms, legs hand and joints of both extremities of the candidate and to the best of my judgment 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 Name and designation of the
medical Officer/Practitioner
Seal

Regn.No. of the medical Officer
Signature/Thumb impression of
the applicant

NB : The Medical Officer shall affix his signature party on the photo and partly on certificate.