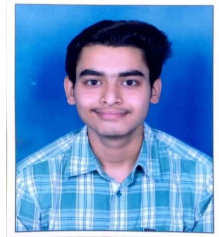


[See rule 10/14(1)]

## FORM FOR THE GRANT OF LEARNER'S / DRIVING LICENCE

To  
The Licensing Authority,  
RTO,VADODARA



I here by apply for a licence authorising me to drive as a learner/driver, the following motor  
MCWG, LMV

## PARTICULARS TO BE FURNISHED BY APPLICANT

1. Full Name : RUCHITKUMAR BALWAN PATEL
2. Father's Name : BALWANT GOPAL PATEL
3. Permanent address : 70 GULMAHOR WEST OPP NARAYAN  
(Electoral Roll / Life Insurance Policy / Passport / Pay Slip issued by any  
GARDENS, GOTRI ROAD LAXMIPURA  
office of the Central Government / State Government or a local body /  
VADODARA (M CORP. + OG), Vadodara,GJ,  
Any other documents as may be prescribed by the State Government /  
390021  
Affidavit sworn before an executive magistrate or a First Class Judicial  
Magistrate or a Notary Public
4. Temporary address / Official address, if any : 70 GULMAHOR WEST OPP NARAYAN GARDENS  
GOTRI ROAD LAXMIPURA VADODARA (M CORP.  
+ OG)  
Vadodara,GJ  
390021
5. Duration of stay at the present address : 6 years 3 months
6. Date of birth : 14-04-1998  
(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 : VADODARA
8. If place of birth out side India when migrated to India : .....
9. Education Qualification : 10+2 or Equivalent
- 10 Identification Mark(s) :
- 11 Declaration of citizenship status : INDIA
  - (i) If deemed Citizen or Citizen by Birth  
(Birth certificate and school certificate)  
(In Support of Citizen ship as Indian to be enclosed)
  - (ii) If Citizenship is acquired by Descent / Registration  
(In case Citizenship acquired by Descent, Birth Certificate,  
land / property document of parent / in case of Citizenship acquired  
by registration certificate to be enclosed)
  - (iii) If Citizenship by Naturalization  
(Certificate of Naturalization and Certificate  
of Registration to be enclosed)
  - (iv) If non-Indian Citizen  
(Valid passport or other travel documents and such other
- 12 Blood Group : A+  
RH(Rhesus) factor

- 13 I hold an effective driving licence to Drive: Motor Cycle /Light Motor Vehicle / Transport Vehicle with effect from. ....
- 14 Particulars of any driving licence previously held by applicant. Whether it was cancelled and if so, for what reason .....
- 15 Particulars of any learners licence previously held by applicant in respect of the description of vehicle to which the applicant has applied. ....
- 16 Have you been disqualified for holding or obtaining driving licence or learner's licence. If so, for what reason. ....
- 17 I enclose three copies of my recent photograph (Passport size photograph)
- 18 I enclose medical fitness certificate dated ..... issued by ..... doctor
- 19 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)
- 20 I enclose driving certificate dated ..... issued by ..... (Name and address of the driving school)
- 21 Have paid the fee of Rs 1350.00 Dt : 09-09-2018 vide Token No. / Receipt GJH/101224
- 22 I am exempted from the medical test under rule 6 of the Central Motor Vehicles Rules, 1989.
- 23 I am exempted from the preliminary test under rule 11(2) of the Central Motor Vehicles Rules 1989.

\* **Strike out whichever is inapplicable**

Date..09-09-2018.....

Specimen Signature or Thumb impression of Applicant.

1. ....

2. ....

  
Signature or Thumb impression of  
( RUCHITKUMAR BALWAN PATEL )

#### Declaration under sub-section(2) of section 7 of the Motor Vehicle Act 1988

Shri / Smt / Kumari ..... 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 of his/her driving, I shall intimate the licence authority in writing for the cancellation of the licence. I give my consent for his/her obtaining learner's License/Driving License.

Signature.....

Name and full address of the parent / guardian

.....

Relationship.....

(To be signed in the presence of the licensing authority or person authorised in the behalf by the Licensing

#### For official use

The applicant is exempted from the medical test under rule 6 and the preliminary test under rule 11(2) of the Central Motor Vehicles Rule, 1989.

Learner's licence may be issued.

The applicant was tested with reference of rule 11(1) of the Central Motor Vehicle Rules, 1989.

He has passed / failed in the preliminary test. Learner's Licence may be issued / rejected.

The applicant was tested with reference of rule 15 of the Central Motor Vehicle Rules, 1989.

He has passed / failed with Driving test. Driving Licence may be issued / rejected.

Signature of licensing authority or other  
Person authorized in the behalf.

\* **Strike out whichever is inapplicable.**

Note: The application along with the scanned copies of the required documents may also be sent to the concerned Licensing Authority through Electronic Mail, if allowed by the concerned State Government / Union Territory

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 a appointed date along with the documents for further verification, submission of application fee and examination of the applicant.

Application –cum-declaration as to the physical fitness

- 1.Name of the applicant : RUCHITKUMAR BALWAN PATEL
2. Father's Name : BALWANT GOPAL PATEL
- 3.Permanent address : 70 GULMAHOR WEST OPP NARAYAN GARDENS  
GOTRI ROAD LAXMIPURA VADODARA (M CORP. + OG)  
Vadodara,GJ  
390021
- 4.Temporary address : 70 GULMAHOR WEST OPP NARAYAN GARDENS  
Official address (if any) GOTRI ROAD LAXMIPURA VADODARA (M CORP. + OG)  
Vadodara,GJ  
390021
5. (a) Date of birth : 14-04-1998  
(b) Age on date of application : 20 years
6. Identification marks :

Declaration :

(a) Do you suffer from epilepsy, or from sudden attacks of loss of consciousness or giddiness from any cause ? Yes / No

(b) Are you able to distinguish with each eye ( or if you have held a driving licence to drive a motor vehicle for a period of not less than five years and if you have lost, the sight of one eye after the said period of five years and if the application is for 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 metres 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 in movement, control or muscular power of either arm or leg ? Yes / No

(d) Can you readily distinguish the pigmentary colours, 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 the application is for driving a light motor vehicle, with or without hearing aid) the ordinary sound signal ? Yes / No

(g) Do you suffer from any other disease or disability likely to cause your driving of a motor vehicle to be a source of danger to the public, if so, give details? Yes / No

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



Signature or thumb impression of the applicant  
( RUCHITKUMAR BALWAN PATEL )

Note : - (1) An applicant who answers 'Yes' to any of the questions (a),(c),(e), (f) and (g) or 'No' to either of the questions (b) and (d) should amplify his answers with full particulars, and may be required to give further information relating thereto.  
(2) This declaration is to be submitted invariably with Medical Certificate in Form 1-A.

CMV Form 1-A

Appl No: 2219508918 Dt:09-09-2018

[See rules 5(1),(3),7,10(a),14(d), and 18(d)]

Medical

[ To be filled in by a registered medical practitioner appointed for the purpose by the State Government or person authorised in this behalf by the State Government referred to under sub-section (3) of Section 8]

1.Name of the applicant : RUCHITKUMAR BALWAN PATEL

2. Identification marks :

3. (a) Does the applicant, to the best of your judgment, 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 judgment, readily distinguish the pigmentary colours, red and green ? Yes / No

(c) In your opinion, is he able to distinguish with his eye sight at a distance of 25 metres in good day light a motor car number plate ? Yes / No

(d) In your opinion, does the applicant suffer from a degree of deafness which 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 would 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 in his driving licence). .....

(b) RH factor of the applicant (if the applicant so desires that the information may be noted in his driving licence). .....

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

### Certificate of Medical Fitness

I certify that : -

- (i) I have personally examined the                      Shri :        RUCHITKUMAR BALWAN PATEL
- (ii) that while examining the applicant I have directed special attention to his / her distant vision;
- (iii) while examining the applicant, I have directed special attention to his / her hearing ability, the conditions of the arms, legs, hands and joints of both extremities of the applicant; and
- (iv) I have personally examined the applicant for reaction time, side vision and glare recovery (applicable in case of persons applying for a licence to drive goods carriage carrying goods of dangerous or hazardous nature to human life.)

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The applicant is not medically fit to hold a licence for the following reasons : -

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Signature :

1. Name and designation of the of Medical Officer  
/ Practitioner

(Seal)

2. Registration Number of Medical Officer



Signature or thumb impression of the candidate  
( RUCHITKUMAR BALWAN PATEL )

Date :

Note : -

1. The medical Officer shall affix his signature over the photograph affixed in such a manner that part of his signature is upon the photograph and part on the certificate.
  2. Dumb persons without deafness may be granted a valid certificate of driving licence for non-transport vehicle.
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