

License Test Form

Name: ---

CNIC: ---

Father Name : ---

Father CNIC : ---

Date of Birth : 00-00-0000

AGE : 0

Phone No : 0000-0000000

Blood Group : --

Learner No :

Type : ---

Validity Remaining : 0 Days

Date of Issue : 0-0-0000

Date of Expiry: 0-0-0000

Symbol Test:

☐

Pass

☐

Fail

Driving Test:

☒

Pass

☐

Fail

Remarks:
