

**FORM 2****[See rules 10, 14, 17 and 18]**

5674126

Appl No:5674126 Dt:01-01-2026

Form of Application for Learner's Licence Or Driving Licence Or Addition of a New Class of Vehicle Or Renewal of Driving Licence Or Change of Address Or Name

To,

The Licencing Authority  
PIMPRI-CHINCHWAD

---



---



No Photo Available

**Services applying for (Please Tick √ mark against single or multiple service, wherever applicable)**

Issue of New Learner's Licence	<input checked="" type="checkbox"/>
Issue of New Driving Licence	<input type="checkbox"/>
Addition of Class of Vehicle to Driving Licence	<input type="checkbox"/>
Renewal of Driving Licence	<input type="checkbox"/>
Duplicate Driving Licence	<input type="checkbox"/>
Change / Correction of Address in Driving Licence	<input type="checkbox"/>
Change / Correction of Name in Driving Licence	<input type="checkbox"/>

**1. Class of Vehicles (COV): Applicable for New Learner's Licence or New Driving Licence**

Motor Cycle <b>Without Gear</b> (MCWOG)	<input type="checkbox"/>
Motor Cycle <b>With Gear</b> (MCWG)	<input checked="" type="checkbox"/>
Light Motor Vehicle as <b>Non Transport</b> (LMV NTV)	<input type="checkbox"/>
<b>Adapted Vehicle</b> (vehicles for use by Divyang)	<input type="checkbox"/>
Medium or Heavy Goods or Passenger Vehicle as <b>Transport Vehicle</b>	<input type="checkbox"/>
<b>E-Rickshaw</b>	<input type="checkbox"/>
<b>E-Cart</b>	<input type="checkbox"/>
Others; which is not covered in any of the above categories including, Harvester, Excavator, Fork lift, Trailers, Crane mounted vehicles, Agricultural tractor and power tiller, Tow trucks, Breakdown Van and Recovery vehicles, Construction equipment vehicles	<input type="checkbox"/>

**Explanation :-**

1. Non - Transport Vehicles include Motor Cycle with or without sidecar for personal use, Mopeds, Three Wheeled vehicles for personal use, Motor Car for personal use, Fork Lift;
2. Transport vehicle includes a public service vehicle, a goods carriage, an educational institution bus or private service vehicle;
3. Light motor vehicle includes a transport vehicle or omnibus the gross vehicle weight of either of which or a motor car or tractor or road-roller the unladen weight of any of which, does not exceed 7,500 kilograms;
4. Medium goods vehicle includes any goods carriage other than a light motor vehicle or a heavy goods vehicle;
5. Heavy goods vehicle includes any goods carriage the gross vehicle weight of which, or a tractor or a roadroller the unladen weight of either of which, exceeds 12,000 kilograms.

## 2. Personal details of the Applicant (in Capital Letters)

Appl No:5674126 Dt:01-01-2026



Details of Aadhar card, if already available with the applicant.		Aadhar Card number Not Furnished	
Details of Aadhar application number if applied.		Aadhar Card application number	
First Name		Middle Name	Last Name
<b>HARSHAD TULSHIRAM</b>			<b>RAKSHE</b>
Son/ wife/ daughter of : <b>TULSHIRAM</b>		<b>RAKSHE</b>	
Identification mark :			
Gender (Tick ✓)	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/>	Date of Birth: (dd/mm/yyyy)	02-10-2002
Educational Qualification	Graduate in Non Medical Sciences	Blood Group	Unknown
Email (optional)		Mobile number	XXXXXX7443
Landline Number (optional)			

3. Name of(Tick ✓)	Father <input checked="" type="checkbox"/>	Mother <input type="checkbox"/>	Husband <input type="checkbox"/>	Guardian <input type="checkbox"/>
First Name  <b>TULSHIRAM</b>		Middle Name	Last Name  <b>RAKSHE</b>	

## 4. Address (proof to be enclosed, in case of New Learner's Licence or New Driving Licence or Change of Address)

	Present Address (shall be printed on Licence)	Permanent Address
House/Door/Flat No		
Street/Locality/Police Station	WAFGAON ROAD AT- RAKSHE WADI, POST- RAJGURUNAGAR	WAFGAON ROAD AT- RAKSHE WADI, POST- RAJGURUNAGAR
Location/Landmark	RAJGURUNAGAR PUNE MAHARASHTRA	RAJGURUNAGAR PUNE MAHARASHTRA
Village/Town		
SubDist/Taluk/Mandal	Khed	Khed
District	Pune	Pune
State	Maharashtra	Maharashtra
Pin code	410505	410505


**5. In case of request for Addition of a Class of Vehicle in Transport Category, please fill the following:**

Driving School Name			
Enrollment number in the Driving School			
Enrollment date in the Driving School			
Certificate number issued by the Driving School			
Certificate date as issued by the Driving School			
Training period in the Driving School	From date		To date

**6. Particulars of existing Licence (Learner's or Permanent)**

Licence Number			
Class of Vehicle(s)			
Name of the Licencing Authority which issued the Licence			
Validity Period	From date		To date

**7. List of Documents attached (Please refer to the attached annexure and tick)**
**Self-Declaration as to Physical Fitness**

- (a) Do you suffer from epilepsy, or from sudden attacks of loss of consciousness or giddiness from any cause ? **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**
- (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 ? **No**
- (d) Do you suffer from night blindness ? **No**
- (e) 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 ? **No**
- (f) 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? **No**

**DECLARATION**

I am willing to donate my organ/tissue in case of death

**No**

I declare that the facts stated above and documents submitted are true and genuine to the best of my knowledge and belief. I also state that have/ have not been disqualified from holding a Driving Licence.

**verified through Aadhaar authentication**

Date: 01-01-2026

**Signature of the Applicant**

**DECLARATION under sub-section (2) of section 7 of the Motor Vehicles Act, 1988**

Shri/Smt./Kumari \_\_\_\_\_ Not Applicable son/daughter of \_\_\_\_\_ Not Applicable

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 I shall inform the licensing authority in writing for the cancellation of the licence.I give my consent for his / her obtaining the learner's licence.

Name of the parent / guardian: Not Applicable

Relationship with the applicant: Not Applicable

**Signature of the parent / guardian**

**FOR OFFICE USE ONLY**



Appl No:5674126 Dt:01-01-2026

1. The applicant HARSHAD TULSHIRAM RAKSHE is exempted from production of a medical certificate under Rule 6 of the Central Motor Vehicles Rules, 1989;	YES/NO
Learner's licence may be issued.	
2. The applicant HARSHAD TULSHIRAM RAKSHE is exempted from the Preliminary Test under sub-rule (2) of Rule 11 of the Central Motor Vehicles Rules, 1989;	YES/NO
Learner's licence may be issued.	

3. Preliminary Test to check adequate knowledge and understanding of the matters namely traffic sighs, traffic signals, duties of driver in case of his vehicle being involved in an accident, or documents to be carried while driving etc., Subrule (1) of Rule 11 of the Central Motor Vehicles Rules, 1989 <b>(Name:HARSHAD TULSHIRAM RAKSHE)</b>	Date of Test	Result (✓ )	Testing Authority
		Pass / Fail / Absent/ Exempted	
Driving Test (Rule 15 of the Central Motor Vehicles Rules, 1989)	Date of Test	Result Pass / Fail	

The Learner's licence / Driving Licence is

Issued

Refused

Signature of licensing authority (or other person authorised in this behalf)

**ANNEXURE**

Appl No:5674126 Dt:01-01-2026

**LIST OF DOCUMENTS TO BE SUBMITTED OR UPLOADED BY THE APPLICANT**

Proof of Address and Age. (Select only one if the proof is common for Address and Age)

- |  |                          |
|--|--------------------------|
| 1. Aadhar Card   | <input type="checkbox"/> |
| 2. Electoral Roll  | <input type="checkbox"/> |
| 3. Life Insurance Policy   | <input type="checkbox"/> |
| 4. Passport  | <input type="checkbox"/> |
| 5. School Certificate  | <input type="checkbox"/> |
| 6. Birth Certificate   | <input type="checkbox"/> |
| 7. Pay slip issued by any office of the State Government or Central Government or a local Body                                   | <input type="checkbox"/> |
| 8. Affidavit sworn before an Executive Magistrate or Notary Public or First Class Judicial Magistrate                            | <input type="checkbox"/> |
| 9. A certificate granted by a Registered Medical Practitioner not below the rank of Civil Surgeon as to the age of the applicant | <input type="checkbox"/> |
| 10. Any other document or documents as may be specified by State Government  | <input type="checkbox"/> |

**Other documents to be enclosed or uploaded if applicable**

- |   |                          |
|---|--------------------------|
| 1. Self Declaration for Physical Fitness in Form – 1  | <input type="checkbox"/> |
| 2. Medical Certificate in Form- 1A (to be provided if the applicant is applying for renewal and is above 40 years of age or applying for Transport Licence) | <input type="checkbox"/> |
| 3. Driving Certificate issued by Driving School or Establishments in Form 5   | <input type="checkbox"/> |
| 4. Parent or Guardian Declaration in case of applicant who is a minor   | <input type="checkbox"/> |
| 5. Photograph   | <input type="checkbox"/> |
| 6. Valid proof of passport and visa (for International Driving Permit only)   | <input type="checkbox"/> |
| 7. Proof of legal presence in India in addition to proof of residence in case of Foreigners   | <input type="checkbox"/> |
| 8. Other documents, if any  | <input type="checkbox"/> |
| 9. The copy of police complaint made(in case the Driving Licence was lost or mutilated or defaced or damaged, lost).  | <input type="checkbox"/> |
| 10. For change of name -  |                          |
| (a) Existing name _____   |                          |
| (b) Name to be changed as _____   |                          |
| (c) Documents enclosed:-  |                          |
| (i) Affidavit sworn before a First Class Judicial Magistrate or a Notary Public   | <input type="checkbox"/> |
| (ii) Marriage certificate   | <input type="checkbox"/> |
| (iii) Copy of newspaper advertisement   | <input type="checkbox"/> |