

FORM OF APPLICATION FOR THE GRANT OF LEARNER'S LICENCE

To
The Licensing Authority,
RTO, GHAZIABAD

Space for Passport
size Photograph

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

- 1) MCWOG

PARTICULARS TO BE FURNISHED BY APPLICANT

1. Full Name : JAISHREE UPRETY
2. Daughter of : KAMAL KANT UPRETY
3. Permanent address : 705
(Electoral Roll / Life Insurance Policy / Passport / Pay Slip issued by any office of the Central Government / State Government or a local body / Any other documents as may be prescribed by the State Government / Affidavit sworn before an executive magistrate or a First Class Judicial Magistrate or a Notary Public to VASUNDHARA
GHAAZIABAD
GHAAZIABAD
UP
PIN : 201012
4. Temporary address / Official address, if any : 705
SECTOR 15
VASUNDHARA
GHAAZIABAD
GHAAZIABAD
UP
PIN : 201012
5. Duration of stay at the present address
6. Date of birth : 25-Jun-1994
(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
8. If place of birth out side India when migrated to India
9. Education Qualification : +2/Intermediate/ICSE (12th)/CBSE
- 10 Identification Mark(s) : BIRTH MARK NEAR RIGHT EAR
- 11 Declaration of citizenship status IND
(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 acquied 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
- 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 30.0 vide receipt no. 6949 on 10/06/2015 05:49:33
- 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.....

Specimen Signature or Thumb impression of Applicant.

Signature or Thumb impression of Applicant
JAISHREE UPRETY

1.

2.

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.

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 the test. Learner's Licence may be issued.

Learner's licence may be refused.

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 : JAISHREE UPRETY
- 2.Son/ wife/ daughter : KAMAL KANT UPRETY
- 3.Permanent address : 705
SECTOR 15
VASUNDHARA
GHAZIABAD
GHAZIABAD
UP
PIN : 201012
- 4.Temporary address : 705
SECTOR 15
VASUNDHARA
GHAZIABAD
GHAZIABAD
UP
PIN : 201012
- Official address (if any) :
5. (a) Date of birth : 25-Jun-1994
- (b) Age on date of application : 20 Years
6. Identification Marks : BIRTH MARK NEAR RIGHT EAR

Declaration :

- (a) Do you suffer from eplipsy 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 license 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
- 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 give above and the declaration made therein are true.

Signature or thumb impression of the applicant

JAISHREE UPRETY

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 there to.

(2) This declaration is to be submitted invariably with Medical Certificate in Form 1-A.