

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

Thanks for using Online Learner Licence slot booking Service

NOTE: 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.

Dear JAYANTH BANOTHU,

Your learner licence test slot has been confirmed on 01/08/2024 from 11:00 AM -- 11:30 AM.

Payment Paid

ENCLOSURES

1. Application Fee	Rs. 300.00	1. Address Proof
2. Service Charge	Rs. 100.00	2. Date of Birth Proof
2. Test Fee	Rs. 50.00	

Total Rs. 450

Please bring above mentioned enclosures (All originals as well as one set of xerox copy).

Application Number: TG027/474237/2024/L

Time Slot Serial Number:

To

The Licensing Authority,

RTA JANGOAN, SY NO.9 OPPOSITE SHIVAM FUNCTION HALL

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

- 1. Light Motor Vehicle Non Transport NON-TRANSPORT
- 2. Motor Cycle With Gear NON-TRANSPORT

PARTICULARS TO BE FURNISHED BY APPLICANT

1.	Name of the Applicant	JAYANTH BANOTHU
2.	Son/Wife/Daughter of	SRINU
3.	Sex	MALE
4.	Permanent Address (Proof to be enclosed)	4-24 YAPALAGADDA THANDA,YAPALAGADDA THANDA Pin-506244
5.	Temporary/Official Address (if any)	4-24 YAPALAGADDA THANDA,YAPALAGADDA THANDA Pin-506244
6.	Date of Birth (DD/MM/YYYY)	24/04/2003
7.	Educational Qualification	G
7.	Identification Marks	1. A MOLE ON THE LEFT HAND 2. A MOLE ON A NOSE

9.	Blood Group	
10.	I hold an effective driving licence to drive	with effect from
11.	Particulars of any driving licence previously held :	by applicant whether it was cancelled and if so, for what reasons
	Particulars of any learner's licence previously held applied:	d by applicant in respect of the description of vehicle to which the applicant
13.	Have you been disqualified for holding or obtaini	ing driving licence or learner's licence, if so, for what reasons :
14.	I enclose 3 copies of my recent passport size ph	otograph.
15.	I enclose medical fitness certificate dated(Doctor)	issued by
16.	I have submitted along with my earlier application (in the case of applicant being a minor)	on for learner's licence / I enclose the written consent of parent / guardian
17.	I have paid the fee of Rs.	
18.	I am exempted from medical test under rule 6 o	f the C M V Rules, 1989.
19.	I am exempted from preliminary test under rule 1	11(2) of the C M V Rules, 1989.

Date: 01/08/2024

Place: JANGAON	Signature or thumb impression of the applicant
Specimen signatures or thumb impression of the application	cant
1)	2)
	/->

<u>DECLARATION UNDER SUB-SECTION(2) OF SECTION 7 OF THE MV ACT, 1988</u>

Shri/Smt./Kum **JAYANTH BANOTHU** Son/daughter of **SRINU** 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 Governament, Kindly check the web site www.transport.telangana.gov.in for any changes. All changes will be notified on website only.



(See Rule 5(2)) Application cum declaration as to the fitness

1.	Name of the Applicant	JAYANTH BANOTHU
2.	Son/Wife/Daughter of	SRINU
3.	Permanent Address	4-24 YAPALAGADDA THANDA,YAPALAGADDA THANDA Pin-506244
4.	Temporary/Official Address	4-24 YAPALAGADDA THANDA,YAPALAGADDA THANDA Pin-506244
5.	a) Date of Birth (DD/MM/YYYY)	24/04/2003
	b) Age on date of application	
6.	Identification Marks	1. A MOLE ON THE LEFT HAND 2. A MOLE ON A NOSE

a) Do you suffer from epilepsy or from sudden attacks of consciousness or Giddiness from any cause?	es No
b) Are you able to distiguish 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 it 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 whom) a motor car number plate?	es No
c) Have you lost either hand or foot or are you suffering from any defect or muscular pain of either arm or leg?	es No
d) Can you readily distinguish the pigmentary colors red and green?	es No
e) Do you suffer from night blindness	es No
f) Are you so deaf as be unable to hear (and if application is for driving of a light motor vehicle with or without hearing aid)the ordinary sound?	es 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.	es No

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

> Signature or thumb impession 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 ful particulars and may be required. To give further information relating thereto