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| To | **Form L.Lr. A**  APPLICATION FOR LEARNER’S DRIVING PERMIT  I-Application  NATIONAL IDENTITY CARD NUMBER | |
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| 1. Full Name 2. Father   Name Husband | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 3. Permanent address | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |

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| 4. Temporary address | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |

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5. Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Application \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6. Blood Group \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
7. Particulars of any licensce previously held by applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 8. Particulars of any learner’s driving permit previously held by the applicant in respect of the description of vehicle to which the application applies.

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| the | Signature or thumb impression of applicant |
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**Strike out whichever is inapplicable, add other description if necessary.**

**FORM B**   
**(See Section 7 (3) and Section (2)**   
**NATIONAL IDENTITY CARD NUMBER**

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Form of Medical (certificate in respect of application for a license to drive any transport vehicle or to drive any vehicle as paid employee or otherviews:   
 TO BE FILLED UP BE A REGISTERED MEDICAL PRACTITIONER

1. What is the applicant’s apparent age? 2. Is the applicant to the best of your

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judgment subject to epilepsy, vertigo,   
 chronic ill-health likely to affect his   
 efficiency?

3. Does the applicant suffer from any heart \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or lung disorder which might interfere   
 with the performance of his duties as a   
 driver? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. (a) Is there any defect of vision, if sc, has

it has been corrected by suitable spectacles? (b) Does is applicant suffer from a degree of deafness which would prevent his   
 hearing of ordinary sound signals?

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| 5. Does the applicant have any deformity or   loss of members, which interfere with the   efficient performance of his duties as a   driver? **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** 6.Does he show any evidence of being   addicted to the excessive use of alcohol   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ tobacco or drugs?  7. Is he/she in your opinion generally fit as   regards (a) bodily in health, and   (b) eyesight? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 8. Marks of identification. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 9. Blood Group   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   I certify that to the best of my knowledge and belief the applicant  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is the person here as above described and that the attached photograph is a reasonably correct likeness. | |
| |  | | --- | | **SPACE**  **OF**  **PHOTOGRAPH** | | **SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ R.M.P NO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOCTOR’S NATIONAL IDENTITY CARD NO.**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  | - |  |  |  |  |  |  |  | - |  | |

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**