## [See rule 10]

## FORM OF APPLICATION FOR THE GRANT OF LEARNER'S LICENCE

To

The Licensing Authority, DY.RTO,KALYAN



I here by apply for a licence authorising me to drive as a learner, the following motor vechicle MCWG

### PARTICULARS TO BE FURNISHED BY APPLICANT

Full Name
 Father's Name
 HIRO L SHARMA

3. Permanent address (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 BK NO 885 ROOM NO 17, SEC 18 NEAR SANTOSH APT, Ulhasnagar, Thane, MH, 421003

4. Temporary address / Official address, if any

 BK NO 885 ROOM NO 17
 SEC 18 NEAR SANTOSH APT Ulhasnagar, Thane, MH 421003

5. Duration of stay at the present address

6. Date of birth : 19-07-1994

(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 : ULHASNAGAR

8. If place of birth out side India when migrated to India :

9. Education Qualification : Graduate in Non Medical Sciences

10 Identification Mark(s)

11 Declaration of citizenship status

(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,

(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 : B+

RH(Rhesus) factor

			Orive: Motor Cycle /Light th effect from.		
	any driving	licence prev	viously held by applicant		
			eviously held by applicar plicant has applied.	•	
16 Have you bee		ied for holdin	ng or obtaining driving lic	ence or learner's licence.	
17 I enclose thre (Passport size	e photograp	oh)			
18 I enclose med	dical fitness	certificate d	ated	issued by	doctor
19 I have submit the case of ap	•	•	er application for Learner	's licence / I enclose the writ	tten consent of parent / guardian ( I
20 I enclose drivi school)	ing certifica	ite dated	issued by	(١	Name and address of the driving
21 Have paid the	fee of	201.00	Dt : 17-03-2018	vide Token No. / Rece	eipt MHH/863497
22 I am exempte	d from the	medical test	under rule 6 of the Cent	ral Motor Vehicles Rules, 19	89.
23 I am exempte	d from the	preliminary t	est under rule 11(2) of the	ne Central Motor Vehicles Ru	ules 1989.
* Strike out w	hichever i	s inapplicat	ole		
Date. 26-11-2	017				
Specimen Sign	ature or Th	umb impress	sion of Applicant.	Signaturo	r Thumb impression of Applicant
1.				_	N HIRO SHARMA )
2					
DECLA	RATION	UNDER SU	IB-SECTION(2) OF SI	ECTION 7 OF THE MOTO	OR VEHICLE ACT 1988
Shri / Smt / Kur	nari		Son / daughter of	who	is a minor is under my care and I
accept respons	ibility / for h	nis / her drivi	ng. If at a later date I ded	cide not to accept responsibi	
Signature Name and full					
		parent7			
Relationship					
(To be signed	in the pres	ence of the li	censing authority or pers	son authorised in the behalf l	by the Licensing
For official u	se				
The applicant is Vehicles Rule,		I from the me	edical test under rule 6 a	nd the preliminary test under	r rule 11(2) of the Central Motor
Learner's liceno	ce may be i	ssued.			
The applicant w	as tested	with referenc	e of rule 11(1) of the Ce	ntral Motor Vehicle Rules, 19	989.
He has passed	the test. Le	earner's Lice	nce may be issued.		
Learner's liceno	e may be i	refused.			
					licensing authority or other uthorized 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 scrutinse the application and intimate the applicant about the acceptance / any / discrepancy.

In case the application is accepted, the applicant shall be intimated through Electornic 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.

CMV FORM 1 Appl No: 1263236617 Dt:26-11-2017

[See rule 5(2)]

Application -cum-declaration as to the physical fitness

1.Name of the applicant : NITIN HIRO SHARMA

2. Father's Name : HIRO L SHARMA

3.Permanent address : BK NO 885 ROOM NO 17

SEC 18 NEAR SANTOSH APT

Ulhasnagar, Thane, MH

421003

4.Temporary address : BK NO 885 ROOM NO 17
Official address (if any) SEC 18 NEAR SANTOSH APT

Ulhasnagar,Thane,MH

421003

5. (a) Date of birth : 19-07-1994

(b) Age on date of application : 23 years

6. Identification marks :

#### Declaration:

(a) Do you suffer from epilepsy, 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 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 / 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

(d) Can you readily distinguish the pigmentary colours, red and green ?

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 given above and the declaration made therein are true.

# Signature or thumb impression of the applicant ( NITIN HIRO SHARMA )

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

## CMV Form 1-A

Appl No: 1263236617 Dt:26-11-2017

## [See rules 5(1),(3),7,10(a),14(d), and 18(d)] Medical

[ To be filled in by a registered medical practitioner appointed for the purpose by the State Government or person authorised in this behalf by the State Government referred to under sub-section (3) of Section 8]

1.Name of the applicant :	NITIN HIRO SHARMA	
2. Identification marks :		
3. (a) Does the applicant, to the best of your of vision? If so, has it been corrected by		Yes / No
(b) Can the applicant, to the best of your pigmentary colours, red and green ?	judgment, readily distinguish the	Yes / No
(c) In your opinion, is he able to distinguis of 25 metres in good day light a motor		Yes / No
(d) In your opinion, does the applicant sur which would prevent his hearing the o		Yes / No
(e) In your opinion, does the applicant sur	ffer from night blindness?	Yes / No
(f) Has the applicant any defect or deform interfere with the efficient performance your reasons in details.		Yes / No
(g) Optional  (a) Blood group of the applicant (if the information may be noted in his d		
(b) RH factor of the applicant (if the a information may be noted in his d	•	

## Declaration made by the applicant in Form 1 as to his physical fitness is attached

## Certificate of Medical Fitness

## I certify that: -

- (i) I have personally examined the Shri: NITIN HIRO SHARMA
- (ii) that while examining the applicant I have directed special attention to his / her distant vision;
- (iii) while examining the applicant, I have directed special attention to his / her hearing ability, the conditions of the arms, legs, hands and joints of both extremities of the applicant; and
- (iv) I have personally examined the applicant for reaction time, side vision and glare recovery (applicable in case of persons applying for a licence to drive goods carriage carrying goods of dangerous or hazardous nature to human life.)

\_\_\_\_\_.

The applicant is not medically fit to hold a licence for the following reasons: -

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#### Signature:

Name and designation of the of Medical Officer
 / Practitioner

(Seal)

2. Registration Number of Medical Officer

Signature or thumb impression of the candidate ( NITIN HIRO SHARMA )

#### Date:

## Note:-

- 1. The medical Officer shall affix his signature over the photograph affixed in such a manner that part of his signature is upon the photograph and part on the certificate.
- 2. Dumb persons without deafness may be granted a valid certificate of driving licence for non-transport vehicle.