# [See rule 10/14(1)]

# FORM FOR THE GRANT OF LEARNER'S / DRIVING LICENCE

To

The Licensing Authority,

RTO, RAJKOT



I here by apply for a licence authorising me to drive as a learner/driver, the following motor **MCWOG** 

#### PARTICULARS TO BE FURNISHED BY APPLICANT

KARAN A THAKRAL 1. Full Name

2. Father's Name ASHOKBHAI P THAKRAL

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

: THA BHAGVANJI PUNJABHAI, Jasdan (M),

Jasdan, Rajkot, GJ, 360050

4. Temporary address / Official address, if any : THA BHAGVANJI PUNJABHAI

> Jasdan (M) Jasdan, Rajkot, GJ

360050

: INDIA

5. Duration of stay at the present address : 16 years 6 months

6. Date of birth · 27-04-2001

(Birth certificate / school certificate / affidavit sworn before an Executive Magistrate or a First Class Judicial Magistrate or a

Notary public to be enclosed).

: SURAT 7. Place of birth

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

9. Education Qualification : 10+2 or Equivalent

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, 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

(Valid passport or other travel documents and such other

12 Blood Group : O+

RH(Rhesus) factor

13 I hold an effective driving licence to Drive: Motor Cycle /Lig Motor Vehicle / Transport Vehicle with effect from.	ht
14 Particulars of any driving licence previously held by applicar cancelled and if so, for what reason	
15 Particulars of any learners licence previously held by applicate description of vehicle to which the applicant has applied.	ant in respect of the
16 Have you been disqualified for holding or obtaining driving lif 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
	er's licence / I enclose the written consent of parent / guardian ( In
20 I enclose driving certificate dated issued by school)	(Name and address of the driving
21 Have paid the fee of Rs	vide Token No. / Receipt
22 I am exempted from the medical test under rule 6 of the Cer	ntral 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 04-02-2019	
Specimen Signature or Thumb impression of Applicant.	Signature or Thumb impression of
1	( KARAN A THAKRAL )
2	
KARAN A THAKRAL A	the licence. I give my consent for his/her obtaining learner's
RelationshipFather	
(To be signed in the presence of the licensing authority or pe	rson authorised in the behalf by the Licensing
For of The applicant is exempted from the medical test under rule 6 Vehicles Rule, 1989.  Learner's licence may be issued.	ficial use and the preliminary test under rule 11(2) of the Central Motor
The applicant was tested with reference of rule 11(1) of the C	entral Motor Vehicle Rules, 1989.
He has passed / failed in the priliminary test. Learner's Licence	e may be issued / rejected.
The applicant was tested with reference of rule 15 of the Cent	
He has passed / failed with Driving test. Driving Licence may	be issued / rejected.
	Signature of licensing authority or othe 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 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: 373636719 Dt:04-02-2019

[See rule 5(2)]

Application -cum-declaration as to the physical fitness

1.Name of the applicant : KARAN A THAKRAL

2. Father's Name : ASHOKBHAI P THAKRAL

3.Permanent address : THA BHAGVANJI PUNJABHAI

Jasdan (M) Jasdan,Rajkot,GJ

360050

4.Temporary address : THA BHAGVANJI PUNJABHAI

Official address (if any)

Jasdan (M)

Jasdan, Rajkot, GJ

360050

5. (a) Date of birth : 27-04-2001

(b) Age on date of application : 17 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?

(d) Can you readily distinguish the pigmentary colours, red Yes / No

and green ?

(e) Do you suffer from night blindness?

(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 Yes / No hearing aid) the ordinary sound signal?

(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?

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 ( KARAN A THAKRAL )

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: 373636719 Dt:04-02-2019

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

**Medical Certificate** 

[ 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 : KARAN A THA	AKRAL
2. Identification marks :	
3. (a) Does the applicant, to the best of your judgment, suffer of vision? If so, has it been corrected by suitable spec	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
(b) Can the applicant, to the best of your judgment, reading pigmentary colours, red and green?	ly distinguish the Yes / No
(c) In your opinion, is he able to distinguish with his eye so of 25 metres in good day light a motor car number pla	
(d) In your opinion, does the applicant suffer from a degree which would prevent his hearing the ordinary sound s	
(e) In your opinion, does the applicant suffer from night b	lindness? Yes / No
(f) Has the applicant any defect or deformity or loss of me interfere with the efficient performance of his duties as your reasons in details.	
<ul><li>(g) Optional</li><li>(a) Blood group of the applicant (if the applicant so do information may be noted in his driving licence).</li></ul>	esires that the
(b) RH factor of the applicant (if the applicant so desi information may be noted in his driving licence).	res that the

# 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: KARAN A THAKRAL
- (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.)

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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 (KARAN A THAKRAL)

#### 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.