



THE UNION OF INDIA  
MAHARASHTRA STATE MOTOR DRIVING LICENCE

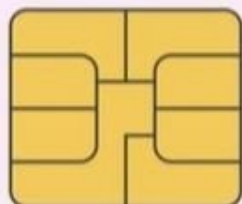


DL No: NUMBERS  
Valid Till: DD-MM-YY (NT)

DOI: DD-MM-YY

DLR DD-MM-YY

FORM 7  
RULE 16 (2)



AUTHORISATION TO DRIVE FOLLOWING CLASS  
OF VEHICLES THROUGHOUT INDIA

COV	DOI
LMV	DD-MM-YY
MCWG	DD-MM-YY

DOB: DD-MM-YY BG:

Name : NAME SURNAME  
S/D/W of: NAME SURNAME  
Add: ADDRESS

PIN: NUMBERS

Signature & ID of

Issuing Authority: NUMBERS



Signature/Thumb  
Impression of Holder