



THE UNION OF INDIA
MAHARASHTRA STATE MOTOR DRIVING LICENCE



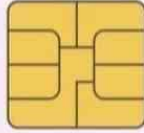
DL No: NUMBERS

DOI: DD-MM-YY

Valid Till: DD-MM-YY (NT)

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