

## Acknowledgement of Online Application for Services on Existing DL

\*\*\* This Acknowledgement is generated in response to the Application submitted Online at <https://parivahan.gov.in/sarathiservice/> for availing Services as detailed.

### I. Applicant / Licence Details

:

1. Application Number : 58294519 Dt:06-01-2019
2. RTO Office where Service : RTO,MUMBAI (EAST)
3. Driving Licence Number : MH03 20110002797
4. DL Issued by (OLA Office Name/Code) : RTO,MUMBAI (EAST)
5. DL Issue Date : 12-01-2011
6. Valid Upto : NT : 11-01-2031 Transport :
7. Name of the Licencee : MUKTA S GARGE
8. Husband Name : SWAPNIL SUDHIR GARGE

### II. Requested Services

:

| SINo | Services Name           |  |
|------|-------------------------|--|
| 1    | CHANGE OF ADDRESS IN DL | B-704, AKRUTI ELEGANCE,<br>GAVANPADA, 90 FEET ROAD,<br>GREATER MUMBAI,MUMBAI SUBURBAN<br>400081<br>MUKTA S GARGE |
| 2    | CHANGE OF NAME IN DL    |  |

Signature of the Applicant

( MUKTA S GARGE )

Application –cum-declaration as to the physical fitness

- 1.Name of the applicant : MUKTA S GARGE
2. Husband Name : SWAPNIL SUDHIR GARGE
- 3.Permanent address : A/2 MULUND SHREE VAIKUNTHA CHS  
NAHURGAON  
GREATER MUMBAI,MUMBAI SUBURBAN  
400081
- 4.Temporary address : B-704, AKRUTI ELEGANCE,  
Official address (if any) GAVANPADA, 90 FEET ROAD,  
GREATER MUMBAI,MUMBAI SUBURBAN  
400081
5. (a) Date of birth : 22-07-1991  
(b) Age on date of application : 27 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  
( MUKTA S GARGE )

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.