[See rule 10/14(1)]

FORM FOR THE GRANT OF LEARNER'S / DRIVING LICENCE

To

The Licensing Authority,

RTO, JUNAGADH



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

PARTICULARS TO BE FURNISHED BY APPLICANT

1. Full Name : VIJAY V GORFAD

2. Father's Name : VALLABHBHAI V GORFAD

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

4. Temporary address / Official address, if any

Amrapur Gir Malia,Junagadh,GJ

: , Amrapur Gir, Malia, Junagadh, GJ,

362245

19-05-2000

Duration of stay at the present address	
•	•

6. Date of birth

(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 : JUNAGADH

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 RH(Rhesus) factor : B-

: INDIA

13	I hold an effective driving licence to Drive: Motor Cyc Motor Vehicle / Transport Vehicle with effect from.	cle /Light		
14	Particulars of any driving licence previously held by apcancelled and if so, for what reason	pplicant. Whether it was		
15	Particulars of any learners licence previously held by description of vehicle to which the applicant has applie			
16	Have you been disqualified for holding or obtaining dr If so, for what reason.	riving licence or learner's licence). 	
17	I enclose three copies of my recent photograph (Passport size photograph)			
18	I enclose medical fitness certificate dated	issued by	doctor	
19	I have submitted along with my earlier application for the case of applicant being a minor)	Learner's licence / I enclose the	written consent of parent / guardian (In	
20	I enclose driving certificate dated issued school)	d by	(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 Central Motor Vehicles Rules, 1989.			
23	I am exempted from the preliminary test under rule 11	1(2) of the Central Motor Vehicle	s Rules 1989.	
	* Strike out whichever is inapplicable Date 30-10-2018			
S	Specimen Signature or Thumb impression of Applicant.	· Signa	ture or Thumb impression of	
1	<u>,</u>	-	(VIJAY V GORFAD)	
•				
2	?			
	Declaration under sub-section(2	2) of section 7 of the Motor V	ehicle Act 1988	
a ir L	Shri / Smt / Kumari	ate I decide not to accept respoi	nsibility of his/her driving, I shall	
	Signature Name and full address of the parent / guardian			
F	Relationship			
((To be signed in the presence of the licensing authority	y or person authorised in the bel	half by the Licensing	
_		For official use		
	The applicant is exempted from the medical test under left/ehicles Rule, 1989.	rule 6 and the preliminary test u	nder rule 11(2) of the Central Motor	
L	earner's licence may be issued.			
T	he applicant was tested with reference of rule 11(1) of	f the Central Motor Vehicle Rule	s, 1989.	
H	He has passed / failed in the priliminary test. Learner's	Licence may be issued / rejecte	d.	
T	The applicant was tested with reference of rule 15 of the	e Central Motor Vehicle Rules,	1989.	
H	He has passed / failed with Driving test. Driving Licence	e may be issued / rejected.		
			Signature of licensing authority or other	
	* • • • • • • • • • • • • • • • • • • •			

* 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: 2697897618 Dt:30-10-2018

[See rule 5(2)]

Application -cum-declaration as to the physical fitness

1.Name of the applicant : VIJAY V GORFAD

2. Father's Name : VALLABHBHAI V GORFAD

3.Permanent address

Amrapur Gir

Malia, Junagadh, GJ

4.Temporary address

Official address (if any)

Amrapur Gir

Malia, Junagadh, GJ

362245

5. (a) Date of birth : 19-05-2000

(b) Age on date of application : 18 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

Yes / No

arm or leg?

(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

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?

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 (VIJAY V GORFAD)

- 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: 2697897618 Dt:30-10-2018

[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	VIJAY V GORFAD	
2. Identification marks :		
2 (2) December 2008 to the best of the		
3. (a) Does the applicant, to the best of yo of vision? If so, has it been correcte		Yes / No
(b) Can the applicant, to the best of you pigmentary colours, red and green		Yes / No
(c) In your opinion, is he able to disting of 25 metres in good day light a more		Yes / No
(d) In your opinion, does the applicant which would prevent his hearing the		Yes / No
(e) In your opinion, does the applicant	suffer from night blindness?	Yes / No
(f) Has the applicant any defect or deformant interfere with the efficient performan your reasons in details.	rmity or loss of member which would ce of his duties as a driver? If so, give	Yes / No
(g) Optional (a) Blood group of the applicant (if information may be noted in his		
(b) RH factor of the applicant (if the information may be noted in his	• •	

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: VIJAY V GORFAD
- (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 : -



Signature:

Name and designation of the of Medical Officer
 / Practitioner

(Seal)

2. Registration Number of Medical Officer

Signature or thumb impression of the candidate (VIJAY V GORFAD)

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.