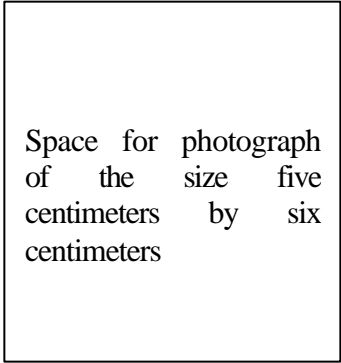


FORM 9  
[ See Rule 10 (1) ]

Form of Application for the  
Renewal of Driving Licence



I, Shri/Smt./Kumari \_\_\_\_\_  
Son/Wife/Daughter of \_\_\_\_\_ here by apply for the renewal  
of my driving licence which is attached and particulars of which are as follows:-

- (a) Number \_\_\_\_\_
- (b) Date of Issue \_\_\_\_\_
- (c) Licensing Authority by which the  
licence was issued \_\_\_\_\_
- (d) Licensing Authority by which the  
Licence was last renewed. \_\_\_\_\_  
(No. and Date of Renewal)
- (e) Class of vehicle authorized to  
be driven \_\_\_\_\_
- (f) Date of expiry of licence to drive
  - (i) Transport Vehicle \_\_\_\_\_
  - (ii) Vehicle other than Transport  
Vehicle \_\_\_\_\_

My present address is \_\_\_\_\_  
If this address is not entered on the licence do / do not wish that it should  
be as entered  
If the licence is not attached, reasons why it is not available ? \_\_\_\_\_

\_\_\_\_\_  
If the licence was not renewed within thirty days of the date of expiry,  
reasons for delay \_\_\_\_\_

\_\_\_\_\_  
The renewal of licence has not been refused by any Licensing Authority.  
I have not been disqualified for holding or obtaining a driving licence. My  
license has not been renewed.  
I enclose a Medical Fitness Certificate Form I  
I enclose three copies of my recent photographs ( 5 cms. by 6 cms. )  
I have paid the fee of Rs. \_\_\_\_\_  
I hereby declare that to the best of my knowledge and belief the  
particulars given above are true

Date : \_\_\_\_\_ Signature or thumb impression of applicant  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

# FORM 7

**Application for getting a Laminated Driving License  
(TO BE FILLED IN CAPITAL LETTERS)**

1.

Name of Applicant

:

2.

Son / wife / daughter of

:

3.

Permanent Address

:

4.

Temporary Address

:

5.

Date of Birth

:

6.

Type of Vehicle

:

7.

Original Licence No./date

:

8.

Date of expiry of original Licence

:

9.

Name of the Issuing Authority

:

10.

Date of Last Renewal

:

Name of Authority

11.

Date of Endorsement, if any

New Class of Vehicle

:

Endorsed for

on

By Licencing Authority

Signature of Applicant

FOR OFFICE USE ONLY

- 1)

Laminated Licence No. PB\_\_08
- 2)

Date of Validity

Date :

Signature of Licencing Authority

# Annexure I

To

The District Transport Officer  
Jalandhar

Subject : Payment of Tax Paid.

Sir,

I intend to pay the Tax fee as under.

1 Name of Owner \_\_\_\_\_

2 Address \_\_\_\_\_

3 Amount \_\_\_\_\_

4 Vehicle No. \_\_\_\_\_

1) Token tax fee Rs. \_\_\_\_\_

as installment of tax

(a) 1<sup>st</sup> Quarter

(b) 2<sup>nd</sup> Quarter

(c) 3<sup>rd</sup> Quarter

(d) 4<sup>th</sup> Quarter

(e) Full Period

(g) Where the last installment of tax was deposited

(2) Transfer fee \_\_\_\_\_

(3) Duplicate R. C. fee \_\_\_\_\_

(4) New Driving Licensing fee \_\_\_\_\_

(5) Driving License Renewal fee \_\_\_\_\_

(6) Learning Renewal fee \_\_\_\_\_

(7) H. P. A. \_\_\_\_\_

(8) Composition fee \_\_\_\_\_

Yours faithfully

Received Rs. \_\_\_\_\_

Owner

Receipt No. \_\_\_\_\_

**MOTOR VEHICLE DEPT**

FROM 1

**MEDICAL CERTIFICATE**

[See rules 5,7,10 (a) and 18]

(To be filled in by a registered medical practionere appourefore the state or  
Government of person authorized behalf by the State of Government of the  
registered under sub Section (3) of section (8))

Name \_\_\_\_\_ Son of Shri \_\_\_\_\_

Resident of \_\_\_\_\_

1) Name of the applicant

2) Date of Birth

3) Does the applicant to be these of you

Judgement suffer from any defect of

Vision ? if so, has it been corrected by

Suitable spectacle ? Yes/No

(b) Can the applicant to the best your

Judgement readily distinguish the pig

Mentry colours red and green ? Yes/No

(c) Is he able to distinguish with sauh

Eye at a distance of 25 meters in good

Day light a motor car number plate. Yes/No

(d) Does the applicant suffer from a

Degrees of deafness which would

Prevent his hearing the or dinary sound

Signals ? Yes/No

(e) Does the applicant suffer from night

Blindness. Yes/No

(f) Has the applicant any deformity or

Loss of membrance which would inter-

Fere with the efficient performance of

His duties as a driver. If so, drive your

Reasons in details. Yes/No

(g) \_\_\_\_\_

### OPTIONAL

- (a) Blood Group of applicant ( if applicant so desire that the information noted in his driving licence ).
- (b) RH factor of the applicant ( if the applicant so desires that the information bay be noted in his driving licence).

Declaration made by the application form I as to his physical fitness is attached.

I certified that I have personally examined the applicant \_\_\_\_\_  
I also certified that while examining the applicant. I have directed special attention the distantivision and hearing ability the condition of the arms, legs, hands and joints of both extremitres of the candidate and to the best of my judgement he medically fit to hold a driving licence.

The applicant is not medically fit to held a licence of the following reasons

---

Signatrue \_\_\_\_\_

1. Name and Designation of the medical

Resi.

Signature of the candidate \_\_\_\_\_

Note 1<sup>st</sup> The medical officer shall afriz his signature if open the photograpy affined in Form in such a manner that part of his signature if upos the photograph and part on the certificate.