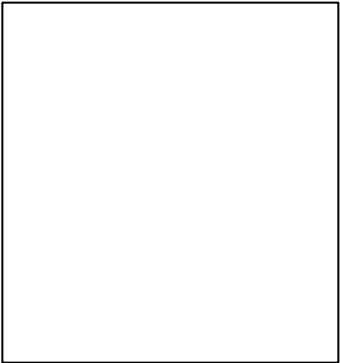


FORM – 2
(See Rule 10)

FORM FOR APPLICATION FOR THE GRANT OF
RENEWAL OF LEARNER’S LICENCE

To

The Licencing Authority



I hereby apply for a licence to authorising me to drive as a learner, the following vehicles(s):-

- (a) Motor Cycle without gear
- (b) Motor Cycle with gear
- (c) Invalid carriage
- (d) Light Motor Vehicle
- (e) Medium Goods Vehicle
- (f) Medium passenger Motor Vehicle
- (g) Heavy Goods Vehicle
- (h) Heavy passenger Motor Vehicle
- (i) Road Roller
- (j) Motor Vehicle of the following description :-

PARTICULARS TO BE FURNISHED BY THE APPLICANT:

- 1. Name of the applicant _____
- 2. Son/Wife/Daughter of _____
- 3. Permanent Address
(Proof to be enclosed) _____
- 4. Temporary Address
(if any) _____
- Official Address
(if any) _____

**Declaration under section (1) of section (7) of the
Motor Vehicle Act 1988**

Shri / Kumari _____ son / daughter of _____ who is
a minor under my care and I accept responsibility for his / her driving. I shall
intimate the Licencing authority in writing for the cancellation of the licence. I give
my consent for his / her obtaining learner's licence.

Signature

Name & Full address of parents / guardian

Relationship

**(To be signed in the presence of the Licencing Authority or person
authorized in this behalf by the Licencing Authority)**

For office use

* The applicant is exempted from the medical test under rule 8 & the
preliminary test under rule 11(2) of the Central Motor Vehicle Act 1989. Learner
Licence may be issued.

* The applicant was tested with reference to rule 11(1) of the Central
Motor Vehicle Act 1989. He has passed the test, Learner's Licence may be
issued.

* He has failed the test (Reasons should be specified)
Learner's Licence may be refused.

Signature of Licencing Authority
or person authorized in this behalf.

* Strike out whichever is inapplicable.

Annexure I

To

The District Transport Officer
Jalandhar

Subject : PAYMENT OF TAX FEE.

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 instalment of tax

For

- (a) 1st Quarter
- (b) 2nd Quarter
- (c) 3rd Quarter
- (d) 4th Quarter
- (e) Full Year
- (f) 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 No. _____
- (7) H. P. A. fee _____
- (8) Composition fee _____

Yours faithfully
Owner

Received Rs
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 practitioner approved by 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
- Judgment 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
- Judgment readily distinguish the pig
- Mentry colours red and green ? Yes/No
- (c) Is he able to distinguish with both
- 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 denary sound
- Signals ? Yes/No
- (e) Does the applicant suffer from night
- Blindness. Yes/No
- (f) Has the applicant any deformity or
- Loss of membrane 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 on the distant vision and hearing ability the condition of the arms, legs, hands and joints of both extremities of the candidate and to the best of my judgment 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 1st The medical officer shall affix his signature on the photograph affixed in Form in such a manner that part of his signature is on the photograph and part on the certificate.