

FORM 9
[See rule 18(1)]

Appl No. 1362566118 Dt:19-06-2018

FORM OF APPLICATION FOR THE RENEWAL OF DRIVING



I, Shri :: VISHWAS RANE
Father's Name :: MURLIDHAR

hereby apply for the renewal of my driving licence which is attached and particulars of which are as

a) Driving Licence Number :: MH25 19880000220

b) Date of issue :: 11-02-1988

c) Licensing Authority by which the licence issued :: RTO,PUNE

d) Licensing Authority by which the licence was last renewed, number and date of renewal :: DY.RTO,OSMANABAD
MH12 /DLR/0020188/2013 Dt: 08-03-2013

e) Class of vehicles authorised to be driven :: MCWG , LMV

f) Date of expiry of licence to drive ::

(i) transport vehicle ::

(ii) vehicles other than transport :: 10-02-2018

My present address is :: 5 KESHARKAMAL S.NO.14/6/A-2,, SINHGAD RD., ANAND NAGAR,, PUNE CITY,PUNE, 411041

If this address is not entered on the licence I do/do not wish that it should be so entered. :: 5 KESHARKAMAL S.NO.14/6/A-2, SINHGAD RD., ANAND NAGAR, PUNE CITY,PUNE 411041

If the licence is not attached, reasons why it is not available? ::

If the licence was not renewed within thirty days of the 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 My licence has not been revoked. ::

I enclose three copies of my recent passport size photographs. ::

I have paid the fee of Rs. ::

Challan No. / Receipt No. ::

I hereby declare that to the best of my knowledge and belief the particulars given above are true.

Date: 19-06-2018



Signature or thumb impression of the
VISHWAS RANE

Name

Address

Application –cum-declaration as to the physical fitness

- 1.Name of the applicant : VISHWAS RANE
2. Father's Name : MURLIDHAR
- 3.Permanent address : 5 KESHARKAMAL S.NO.14/6/A-2,
SINHGAD RD., ANAND NAGAR,
PUNE CITY,PUNE
411041
- 4.Temporary address : 5 KESHARKAMAL S.NO.14/6/A-2,
Official address (if any) SINHGAD RD., ANAND NAGAR,
PUNE CITY,PUNE
411041
5. (a) Date of birth : 03-06-1957
(b) Age on date of application : 61 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
(VISHWAS RANE)

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.

[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 : VISHWAS RANE

2. Identification marks :

3. (a) Does the applicant, to the best of your judgment, suffer from any defect of vision? If so, has it been corrected by suitable spectacles ? Yes / No

(b) Can the applicant, to the best of your judgment, readily distinguish the pigmentary colours, red and green ? Yes / No

(c) In your opinion, is he able to distinguish with his eye sight at a distance of 25 metres in good day light a motor car number plate ? Yes / No

(d) In your opinion, does the applicant suffer from a degree of deafness which would prevent his hearing the ordinary sound signals ? Yes / No

(e) In your opinion, does the applicant suffer from night blindness ? Yes / No

(f) Has the applicant any defect or deformity or loss of member which would interfere with the efficient performance of his duties as a driver? If so, give your reasons in details. Yes / No

(g) Optional

(a) Blood group of the applicant (if the applicant so desires that the information may be noted in his driving licence).

(b) RH factor of the applicant (if the applicant so desires that the information may be noted in his driving licence).

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 : VISHWAS RANE
- (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.)

The applicant is not medically fit to hold a licence for the following reasons : -



Signature :

1. Name and designation of the of Medical Officer / Practitioner

(Seal)

2. Registration Number of Medical Officer

Signature or thumb impression of the candidate
(VISHWAS RANE)

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.
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