

"FORM2
[See rules 10,14,17 and 18]

Form of Application for Learner's Licence Or
Driving Licence Or Addition of a New Class of
Vehicle Or Renewal of Driving Licence Or Change
of Address Or Name

Appointment Details

Place : NARSINGHPUR RTO

Date : 03/10/2018

Time : 14:00:00

Reference ID : MP4918109165852

Your test reference number :10916585

To,

The Licencing Authority
NARSINGHPUR RTO

Space for passport size

photograph

Service applying for (Please Tick (✓) mark against single or multiple service, wherever applicable)

Issue of New Learner's Licence	✓
Issue of New Driving Licence	
Addition of Class of Vehicle to Driving Licence	
Renewal of Driving Licence	
Duplicate Driving Licence	
Change / Correction of Address in Driving Licence	
Change / Correction of Name in Driving Licence	

1. Class of Vehicle(COV): Applicable for New Learner's Licence or New Driving Licence

1.Light Motor Vehicle-Non Transport
2.Motor Cycle With Gear
Explanation :- 1. Non - Transport Vehicles include Motor Cycle with or without sidecar for personal use, Mopeds, Three Wheeled vehicles for personal use, Motor Car for personal use, Fork Lift; 2. Transport vehicle includes a public service vehicle, a goods carriage, an educational instruction bus or private service vehicle; 3. Light motor vehicle includes a transport vehicle or omnibus the gross vehicle weight of either of which or a motor car or tractor or road-roller the unladen weight of any of which, does not exceed 7,500 kilograms; 4. Medium goods vehicle includes any goods carriage other than a light motor vehicle or a heavy goods vehicle; 5. Heavy goods vehicle includes any goods carriage the gross vehicle weight of which, or a tractor or a road-roller the unladen weight of either of which, exceeds 12,000 kilograms.

2. Personal details of the Applicant (in Capital Letters)

Details of Aadhar card, if already available with the applicant.		Aadhar Card number :- 903490222088	
Details of Aadhar application number if applied.		Aadhar Card application number :-	
First Name DEVANSHU		Middle Name	Last Name TIWARI
Gender (Tick ✓) Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/>	Date of Birth: (dd/mm/yyyy)		19/11/1999
Educational Qualification HIGHER	Blood Group		B +ve
Email (optional) devanshu532@outlook.com	Mobile number		9425746745
Landline Number (optional)			

3. Name of (Tick ✓) Father ☒ Mother ☐ Husband ☐ Guardian ☐

First Name ANIL KUMAR	Middle Name	Last Name TIWARI
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4. Address (proof to be enclosed, in case of New Learner's Licence or New Driving Licence or Change of Address)

	Present Address (shall be printed on Licence)	Permanent Address (Only if different from Present Address)
House/Door/Flat No.	G.T.3, BARGI COLONY	
Street/Locality/Police Station	NARSINGHPUR,NARSINGHPUR	
Location/Landmark		
Village/Town		
SubDist/Taluk/Mandal		
District	NARSINGHPUR	
State	MADHYA PRADESH	
Pin code	487001	

5. In case of request for Addition of a Class of Vehicle in Transport Category, please fill the following:

Driving School Name				
Enrollment number in the Driving School				
Enrollment date in the Driving School				
Certificate number issued by the Driving School				
Certificate date as issued by the Driving School				
Training period in the Driving School	From date		To date	

6. Particulars of existing Licence (Learner's or Permanent)

Licence Number				
Class of Vehicle(s)				
Name of the Licencing Authority which issued the Licence				
Validity Period	From Date		To Date	

7. List of Documents attached (Please refer to the attached annexure and tick)**DECLARATION**

I am willing to donate my organ/tissue in case of death YES/NO

I declare that the facts stated above and documents submitted are true and genuine to the best of my knowledge and belief. I also state that I have/ have not been disqualified from holding a Driving Licence.

Date: _____ **Signature of the Applicant** _____

DECLARATION under sub-section (2) of section 7 of the Motor Vehicles Act, 1988

Shri/Smt./Kumari _____ son/daughter of _____

_____ who is a minor is under my care and I accept responsibility for his/her driving. If at a later date I decide not to accept responsibility for his /her driving, I shall inform the licensing authority in writing for the cancellation of the licence. I give my consent for his / her obtaining the learner's licence.

Name of the parent / guardian:

Relationship with the applicant:

Signature of the parent / guardian

1. The applicant is exempted from production of a medical certificate under Rule 6 of the Central Motor Vehicles Rules, 1989 Learner's licence may be issued.	YES / NO		
2. The applicant is exempted from the Preliminary Test under sub-rule (2) of Rule 11 of the Central Motor Vehicles Rules, 1989; Learner's licence may be issued	YES / NO		
3. Preliminary Test to check adequate knowledge and understanding of the matters namely traffic signs, traffic signals, duties of driver in case of his vehicle being involved in an accident, or documents to be carried while driving etc., Sub-rule (1) of Rule 11 of the Central Motor Vehicles Rules, 1989	Date of Test	Result (✓) Pass / Fail / Absent/ Exempted	Testing Authority
Driving Test (Rule 15 of the Central Motor Vehicles Rules, 1989)	Date of Test	Result Pass / Fail	

The Learner's licence / Driving Licence is Issued ☐ Refused ☐

Signature of licensing authority
(or other person authorised in this behalf)

ANNEXURE

LIST OF DOCUMENTS TO BE SUBMITTED OR UPLOADED BY THE APPLICANT

Proof of Address and Age. (Select only one if the proof is common for Address and Age)

- | | |
|--|--------------------------|
| 1. Aadhar Card | <input type="checkbox"/> |
| 2. Electoral Roll | <input type="checkbox"/> |
| 3. Life Insurance Policy | <input type="checkbox"/> |
| 4. Passport | <input type="checkbox"/> |
| 5. School Certificate | <input type="checkbox"/> |
| 6. Birth Certificate | <input type="checkbox"/> |
| 7. Pay slip issued by any office of the State Government or Central Government or a local Body | <input type="checkbox"/> |
| 8. Affidavit sworn before an Executive Magistrate or Notary Public or First Class Judicial Magistrate | <input type="checkbox"/> |
| 9. A certificate granted by a Registered Medical Practitioner not below the rank of Civil Surgeon as to the age of the applicant | <input type="checkbox"/> |
| 10. Any other document or documents as may be specified by State Government | <input type="checkbox"/> |

Other documents to be enclosed or uploaded if applicable

- | | |
|---|--------------------------|
| 1. Self Declaration for Physical Fitness in Form - 1 | <input type="checkbox"/> |
| 2. Medical Certificate in Form- 1A (to be provided if the applicant is applying for renewal and is above 40 years of age or applying for Transport Licence) | <input type="checkbox"/> |
| 3. Driving Certificate issued by Driving School or Establishments in Form 5 | <input type="checkbox"/> |
| 4. Parent or Guardian Declaration in case of applicant who is a minor | <input type="checkbox"/> |
| 5. Photograph | <input type="checkbox"/> |
| 6. Valid proof of passport and visa (for International Driving Permit only) | <input type="checkbox"/> |
| 7. Proof of legal presence in India in addition to proof of residence in case of Foreigners | <input type="checkbox"/> |
| 8. Other documents, if any. | <input type="checkbox"/> |
| 9. The copy of police complaint made (in case the Driving Licence was lost or mutilated or defaced or damaged, lost). | <input type="checkbox"/> |
| 10. For change of name - | |
| (a) Existing name _____ | |
| (b) Name to be changed as _____ | |
| (c) Documents enclosed:- | |
| (i) Affidavit sworn before a First Class Judicial Magistrate or a Notary Public | <input type="checkbox"/> |
| (ii) Marriage certificate | <input type="checkbox"/> |
| (iii) Copy of newspaper advertisement | <input type="checkbox"/> |

Remarks :

RTO Address :- Smart Card Centre, Near Bus Stand, RTO Office Narsinghpur (MP) - 487001