

FORM 2

4790057819 Dt:20-12-2019

[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

To,

The Licencing Authority
ITI PETLAD ANAND

ASST.RTO,ANAND



Services 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 Vehicles (COV): Applicable for New Learner's Licence or New Driving Licence

Motor Cycle Without Gear (MCWOG)	
Motor Cycle With Gear (MCWG)	✓
Light Motor Vehicle as Non Transport Vehicle (LMV NTV)	✓
Adapted Vehicle (vehicles for use by Divyang)	
Light Motor Vehicle as Transport Vehicle	
Medium or Heavy Goods or Passenger Vehicle as Transport Vehicle	
E-Rickshaw	
E-Cart	
Others; which is not covered in any of the above categories including, Harvester, Excavator, Fork lift, Trailers, Crane mounted vehicles, Agricultural tractor and power tiller, Tow trucks, Breakdown Van and Recovery vehicles, Construction equipment vehicles	

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 institution 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 roadroller 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 Not Furnished	
Details of Aadhar application number if applied.		Aadhar Card application number	
First Name ANKUR		Middle Name B	Last Name PAREKH
Gender (Tick)	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/>	Date of Birth: (dd/mm/yyyy)	23-07-1992
Educational Qualification	10+2 or Equivalent	Blood Group	AB+
Email (optional)		Mobile number	XXXXXX7067
Landline Number (optional)			

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

First Name BIPINKUMAR	Middle Name D	Last Name PAREKH
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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
House/Door/Flat No	2-145 JEERAVAD	2-145 JEERAVAD
Street/Locality/Police Station	Bhadran	Bhadran
Location/Landmark	Borsad,Anand,GJ	Borsad,Anand,GJ
Village/Town	Bhadran	
SubDist/Taluk/Mandal	Borsad	Borsad
District	Anand	Anand
State	Gujarat	Gujarat
Pin code	388530	

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	

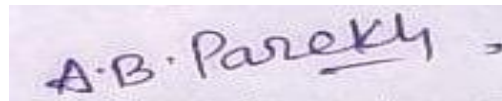
7. List of Documents attached (Please refer to the attached annexure and tick)

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: 20-12-2019

Signature of the Applicant

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

Shri/Smt./Kumari _____ Not Applicable _____ son/daughter of _____ Not Applicable

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

I shall inform the licensing authority in writing for the cancellation of the licence. I give my consent for his / her obtaining the

Name of the parent / guardian: Not Applicable

Relationship with the applicant: Not Applicable

Signature of the parent / guardian

FOR OFFICE USE ONLY

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 (✓)	Testing Authority
		Pass / Fail / Absent/ Exempted	
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"/> |

Application –cum-declaration as to the physical fitness

- 1.Name of the applicant : ANKUR B PAREKH
2. Father's Name : BIPINKUMAR D PAREKH
- 3.Permanent address : 2-145 JEERAVAD
Bhadran
Borsad,Anand,GJ
- 4.Temporary address : 2-145 JEERAVAD
Official address (if any) Bhadran
Borsad,Anand,GJ
388530
5. (a) Date of birth : 23-07-1992
(b) Age on date of application : 27 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
(ANKUR B PAREKH)

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 Certificate

[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 : ANKUR B PAREKH

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 : ANKUR B PAREKH
- (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
(ANKUR B PAREKH)

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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