[See rule 10]

FORM OF APPLICATION FOR THE GRANT OF LEARNER'S LICENCE

То

The Licensing Authority, DY.RTO,BORIVALI



I here by apply for a licence authorising me to drive as a learner, the following motor vechicle MCWG

PARTICULARS TO BE FURNISHED BY APPLICANT

1. Full Name : MOHAMED SHAHID KB ANSARI

2. Father's Name : KHAIRUL BASHAR M AMIN ANSARI

3. Permanent address

(Electoral Roll / Life Insurance Policy / Passport / Pay Slip issued by any office of the Central Government / State Government or a local body / Any other documents as may be prescribed by the State Government / Affidavit sworn before an executive magistrate or a First Class Judicial Magistrate or a Notary Public

A-42 VAZIR SOCIETY SUNNI MASJID LANE SANJAY NAGAR RANI SATI MARG MALAD EAST MUMBAI URBAN MUMBAI,MH 400097

4. Temporary address / Official address, if any

A-42 VAZIR SOCIETY SUNNI MASJID LANE SANJAY NAGAR RANI SATI MARG MALAD EAST MUMBAI URBAN MUMBAI,MH 400097

5. Duration of stay at the present address :

6. Date of birth : 30-05-1995

(Birth certificate / school certificate / affidavit sworn before an Executive Magistrate or a First Class Judicial Magistrate or a Notary public to be enclosed).

9. Education Qualification : ITI/Certificate Course

10 Identification Mark(s) :

11 Declaration of citizenship status

(i) If deemed Citizen or Citizen by Birth
(Birth certificate and school certificate)

(In Support of Citizen ship as Indian to be enclosed)
(ii) If Citizenship is acquired by Descent / Registration
(In case Citizenship acquired by Descent, Birth Certificate, land / property document of parent / in case of Citizenship acquired

(In case Citizenship acquied by Descent, Birth Certificate, land / property document of parent / in case of Citizenship acquired by registration certificate to be enclosed)
ii) If Citizenship by Naturalization

(iii) If Citizenship by Naturalization (Certificate of Naturalization and Certificate of Registration to be enclosed)

(iv) If non-Indian Citizen

12 Blood Group : A+ RH(Rhesus) factor

13 I hold an effective driving licence to Drive: Motor Cy Motor Vehicle / Transport Vehicle with effect from.	/cle /Light
14 Particulars of any driving licence previously held by cancelled and if so, for what reason	applicant. Whether it was
15 Particulars of any learners licence previously held b description of vehicle to which the applicant has app	
16 Have you been disqualified for holding or obtaining of so, for what reason.	driving licence or learner's licence.
17 I enclose three copies of my recent photograph (Passport size photograph)	
18 I enclose medical fitness certificate dated	issued by doctor
19 I have submitted along with my earlier application for the case of applicant being a minor)	or Learner's licence / I enclose the written consent of parent / guardian (In
20 I enclose driving certificate dated issue school)	ed by (Name and address of the driving
21 Have paid the fee of	vide Token No. / Receipt
22 I am exempted from the medical test under rule 6 of	the Central Motor Vehicles Rules, 1989.
23 I am exempted from the preliminary test under rule	
* Strike out whichever is inapplicable	
Date13-08-2017	
Specimen Signature or Thumb impression of Applicar	nt. Signature or Thumb impression of Applicant
1.	(MOHAMED SHAHID KB ANSARI)
2	
2	
DECLARATION UNDER SUB-SECTION(2) OF SECTION 7 OF THE MOTOR VEHICLE ACT 1988
Shri / Smt / Kumari Son / daugh	ter of who is a minor is under my care and I
	date I decide not to accept responsibility of his/her driving, I shall ation of the licence. I give my consent for his/her obtaining learner's
Signature Name and full address of the parent / guardian	
Relationship	
'	ity or person authorised in the behalf by the Licensing
For official use	
	er rule 6 and the preliminary test under rule 11(2) of the Central Motor
Learner's licence may be issued.	
The applicant was tested with reference of rule 11(1)	of the Central Motor Vehicle Rules, 1989.
He has passed the test. Learner's Licence may be iss	ued.
Learner's licence may be refused.	
	Signature of licensing authority or other Person authorized in the behalf.

* Strike out whichever is inapplicable.

Note: The application along with the scanned copies of the required documents may also be sent to the concerned Licensing Authority through Electronic Mail, if allowed by the concerned State Government / Union Territory

In such cases, the Licensing Authority shall scrutinse the application and intimate the applicant about the acceptance / any / discrepancy.

In case the application is accepted, the applicant shall be intimated through Electornic mail to report to the Authority concerned on a appointed date along with the documents for further verification, submission of application fee and examination of the applicant.

CMV FORM 1 Appl No: 687297317 Dt:13-08-2017

[See rule 5(2)]

Application -cum-declaration as to the physical fitness

1.Name of the applicant : MOHAMED SHAHID KB ANSARI

2. Father's Name : KHAIRUL BASHAR M AMIN ANSARI

3.Permanent address : A-42 VAZIR SOCIETY SUNNI MASJID LANE SANJAY

NAGAR

RANI SATI MARG MALAD EAST MUMBAI URBAN

MUMBAI,MH

400097

4.Temporary address : A-42 VAZIR SOCIETY SUNNI MASJID LANE SANJAY

Official address (if any) NAGAR

RANI SATI MARG MALAD EAST MUMBAI URBAN

MUMBAI,MH

400097 30-05-1995

5. (a) Date of birth : 30-05-199

(b) Age on date of application : 22 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

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?

(d) Can you readily distinguish the pigmentary colours, red Yes / No

and green ?

(e) Do you suffer from night blindness?

(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?

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 (MOHAMED SHAHID KB ANSARI)

- 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.

CMV Form 1-A

Appl No: 687297317 Dt:13-08-2017

[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	: MOHAMED SHAHID KB ANSARI	
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 applican	t 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 (information may be noted in h	if the applicant so desires that the ais driving licence).	
(b) RH factor of the applicant (if the information may be noted in h		

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: MOHAMED SHAHID KB ANSARI
- (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.)

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

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Signature:

Name and designation of the of Medical Officer / Practitioner

(Seal)

2. Registration Number of Medical Officer

Signature or thumb impression of the candidate (MOHAMED SHAHID KB ANSARI)

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.