

Application Reference SlipApplication No : **5046651125**Name : **VINAY KUMAR
VISHWAKARMA**Application Date : **07-12-2025**Date of Birth : **24-04-1993**Blood Group : **AB+**Father Name : **BABU LAL VISHWAKARMA**Applicant Gender : **Male**

Services Requested	Documentary Proof Required
1. Issue of New LL Application (LMV, MCWG, AGRTLR)	

An SMS has been sent to your registered mobile Number : *******2070** .

Application submitted through eKYC.

Note 1: After successful Fee Payment a password will be sent on your registered mobile number for Online Learner license test.

2: After successfully passing the test you will be able to download and print the Learner License.

For any reference visit: <https://sarathi.parivahan.gov.in/sarathiservice>

Applicant Address :

WARD NO. 29
BANTI NAGAR SAGAR ROAD VIDISHA VIDISHA
VIDISHA VIDISHA VIDISHA MADHYA PRADESH
Pincode : 464001

RTO Location :

DTO, VIDISHA DTO
MPSRTC DEPOT
MUKHARJI NAGAR
RTO OFFICE, VIDISHA
PinCode: 464001
Phone: 07592-230214

- [Application Form \(pre filled\)](#)
- [Print Acknowledgement](#)