[See rule 10]

FORM OF APPLICATION FOR THE GRANT OF LEARNER'S LICENCE

То

The Licensing Authority, DY.RTO,PIMPRI-CHINCHWAD



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

PARTICULARS TO BE FURNISHED BY APPLICANT

PARAG KIRAN PARALIKAR 1. Full Name

2. Father's Name KIRAN PARALIKAR

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-103 ROHAN TARANG NEAR WAKAD FLYOVER, BEHIND WAKAD SCHOOL WAKAD, Mulshi, Pune, MH, 411057

E1-507 KUMAR PICASSO MALWADI DP ROAD 4. Temporary address / Official address, if any

Hadapsar (N.V.) 411028

5. Duration of stay at the present address

6. Date of birth (Birth certificate / school certificate / affidavit sworn before an Executive Magistrate or a First Class Judicial Magistrate or a

Notary public to be enclosed).

7. Place of birth

8. If place of birth out side India when migrated to India

10 Identification Mark(s)

11 Declaration of citizenship status

9. Education Qualification

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

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

(iv) If non-Indian Citizen

12 Blood Group

RH(Rhesus) factor

Haveli, Pune, MH

..... : 12-08-1983

Graduate in Non Medical Sciences

: INDIA

13 I hold an effective driving licence to Drive: Motor Cycle /Light Motor Vehicle / Transport Vehicle with effect from.	
14 Particulars of any driving licence previously held by applicant cancelled and if so, for what reason	. Whether it was
15 Particulars of any learners licence previously held by applicat description of vehicle to which the applicant has applied.	nt in respect of the
16 Have you been disqualified for holding or obtaining driving lic If so, for what reason.	ence 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 Learner the case of applicant being a minor)	's licence / I enclose the written consent of parent / guardian (In
20 I enclose driving certificate dated issued by school)	(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 Cent	ral Motor Vehicles Rules, 1989.
23 I am exempted from the preliminary test under rule 11(2) of the	
* Strike out whichever is inapplicable	
Date19-05-2018	
Specimen Signature or Thumb impression of Applicant.	Signature or Thumb impression of Applicant
1.	(PARAG KIRAN PARALIKAR)
2	
DECLARATION UNDER SUB-SECTION(2) OF SI	ECTION 7 OF THE MOTOR VEHICLE 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 decintimate the licence authority in writing for the cancellation of the License.	
Signature Name and full address of the parent / guardian	
Relationship	
(To be signed in the presence of the licensing authority or pers	son authorised in the behalf by the Licensing
For official use	,
The applicant is exempted from the medical test under rule 6 a	nd the preliminary test under rule 11(2) of the Central Motor
Vehicles Rule, 1989.	
Learner's licence may be issued. The applicant was tested with reference of rule 11(1) of the Ce	ntral Motor Vehicle Rules, 1989
He has passed the test. Learner's Licence may be issued.	initial Motor Verlicle Nules, 1909.
Learner's licence may be refused.	
Loamor o nooned may be retaded.	Cimpotons of Harmatica and 19
	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: 1070437618 Dt:19-05-2018

[See rule 5(2)]

Application -cum-declaration as to the physical fitness

1.Name of the applicant : PARAG KIRAN PARALIKAR

2. Father's Name : KIRAN PARALIKAR

3.Permanent address : A-103 ROHAN TARANG NEAR WAKAD FLYOVER

BEHIND WAKAD SCHOOL WAKAD

Mulshi, Pune, MH

411057

4.Temporary address : E1-507 KUMAR PICASSO MALWADI DP ROAD

Official address (if any)

Hadapsar (N.V.)

Haveli, Pune, MH

411028

5. (a) Date of birth : 12-08-1983

(b) Age on date of application : 34 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?

(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 Yes / No

hearing aid) the ordinary sound signal?

(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

Yes / No

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 (PARAG KIRAN PARALIKAR)

- 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.