



THE UNION OF INDIA  
MAHARASHTRA STATE MOTOR DRIVING LICENCE



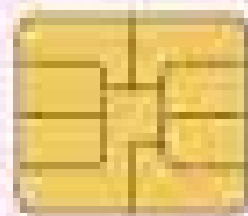
DL No: NUMBERS

DOI: DD-MM-YY

Valid till: DD-MM-YY (NT)

DLR: DD-MM-YY

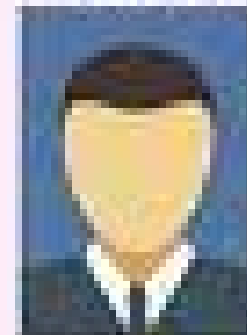
Form 2  
Rule 19(3)



AUTHORIZATION TO DRIVE FOLLOWING CLASS  
OF VEHICLES THROUGHOUT INDIA

COV	DOI
LMV	DD-MM-YY
MCWG	DD-MM-YY

DOB: DD-MM-YY BG:



Name: NAME SURNAME  
SIGN of NAME SURNAME  
Add: ADDRESS

PN: NUMBERS

Signature & ID of  
Issuing Authority: NUMBERS

Signature/Thumb  
Impression of Holder