



**FORM - 2**  
**APPLICATION FOR THE GRANT OF LEARNER'S LICENCE**  
**(See Rule 10)**

Thanks for using Online Learner Licence slot booking Service

**NOTE: Please follow the below safety rules when at RTA Office**

- 1. Please sanitize your hands.**
- 2. Please wear a mask.**
- 3. Please maintain Physical Distancing**
- 4. Please follow the COVID-19 guidelines issued by Government of India.**
- 5. Please Visit the RTA Office in the Time Slot booked.**

Dear **RAMA DEEPTI UDAYAGIRI,**

Your learner licence test slot has been confirmed on **25/11/2020** from **11:00 AM -- 11:30 AM**.

**Payment Paid**

- |                    |                   |
|--------------------|-------------------|
| 1. Application Fee | Rs. <b>150.00</b> |
| 2. Service Charge  | Rs. <b>100.00</b> |
| 2. Test Fee        | Rs. <b>50.00</b>  |

Total                      Rs.     **300**

**ENCLOSURES**

- |                        |
|------------------------|
| 1. Address Proof       |
| 2. Date of Birth Proof |

**Please bring above mentioned enclosures (All originals as well as one set of xerox copy).**

Application Number: **TS007/774072/2020/L**

Time Slot Serial Number:

To  
The Licensing Authority,  
**RTA RANGAREDDY, RAJENDRANAGAR COURT ROAD**

I hereby apply for a licence authorising me to drive as a learner, the following motor vehicle(s):

### 1. Light Motor Vehicle Non Transport - NON-TRANSPORT

#### **PARTICULARS TO BE FURNISHED BY APPLICANT**

1.	Name of the Applicant	<b>RAMA DEEPTI UDAYAGIRI</b>
2.	Son/Wife/Daughter of	<b>SHIJU NAMBIAR</b>
3.	Sex	<b>FEMALE</b>
4.	Permanent Address (Proof to be enclosed)	<b>J803, RAJAPUSHPA ATRIA GOLDEN MILE RD,KOKAPET,GLOBAL EDGE SCHOOL Pin-500075</b>
5.	Temporary/Official Address (if any)	<b>J803, RAJAPUSHPA ATRIA GOLDEN MILE RD,KOKAPET,GLOBAL EDGE SCHOOL Pin-500075</b>
6.	Date of Birth (DD/MM/YYYY)	<b>07/12/1981</b>
7.	Educational Qualification	<b>PG</b>
7.	Identification Marks	<b>1. MOLE ON LEFT WRIST 2. MOLE ON LEFT ELBOW</b>
9.	Blood Group	
10.	I hold an effective driving licence to drive ..... with effect from .....	
11.	Particulars of any driving licence previously held by applicant whether it was cancelled and if so, for what reasons :.....	
12.	Particulars of any learner's licence previously held by applicant in respect of the description of vehicle to which the applicant applied : .....	

13.	Have you been disqualified for holding or obtaining driving licence or learner's licence, if so, for what reasons :.....
14.	I enclose 3 copies of my recent passport size photograph.
15.	I enclose medical fitness certificate dated.....issued by (Doctor)
16.	I have submitted along with my earlier application for learner's licence / I enclose the written consent of parent / guardian (in the case of applicant being a minor)
17.	I have paid the fee of Rs.
18.	I am exempted from medical test under rule 6 of the C M V Rules, 1989.
19.	I am exempted from preliminary test under rule 11(2) of the C M V Rules, 1989.

Date: **25/11/2020**

Place: **HYDERABAD**

Signature or thumb impression of the applicant

Specimen signatures or thumb impression of the applicant

1)..... 2).....

**DECLARATION UNDER SUB-SECTION(2) OF SECTION 7 OF THE MV ACT, 1988**

Shri/Smt./Kum **RAMA DEEPTI UDAYAGIRI** Son/daughter of **SHIJU NAMBIAR** 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 responsibility for his/her driving I shall intimate the licensing authority in writing for the cancellation of the licence. I give my consent for his/her obtaining learner's licence.

Signature.....

Name & Full Address of the Parent/Guardian

.....

Relationship.....

(to be signed in the presence of the Licensing  
Authority or Person Authorised in this behalf  
by the licensing Authority)

**For Office Use :**

- \* The applicant is exempted from the medical test under Rule 6 and the preliminary test under Rule 11(2) of the CMV Rules, 1989. Learner's Licence may be issued.
- \* The applicant was tested with reference to Rule 11(1) of the CMV Rules, 1989. He has passed the test. Learner's Licence may be issued.
- \* He has failed in the test (Reasons should be specified)  
Learner's Licence may be refused.
- \* Strike out which ever is inapplicable.

**Signature of Licensing Authority  
or other person authorized in this behalf.**

**Important :**

**1. Please note this booking is subject to a working day only. Where a holiday is declared by Government, Kindly check the web site [www.transport.telangana.gov.in](http://www.transport.telangana.gov.in) for any changes. All changes will be notified on website only.**

**FORM -1****(See Rule 5(2))****Application cum declaration as to the fitness**

1.	Name of the Applicant	RAMA DEEPTI UDAYAGIRI
2.	Son/Wife/Daughter of	SHIJU NAMBIAR
3.	Permanent Address	J803, RAJAPUSHPA ATRIA GOLDEN MILE RD,KOKAPET,GLOBAL EDGE SCHOOL Pin-500075
4.	Temporary/Official Address	J803, RAJAPUSHPA ATRIA GOLDEN MILE RD,KOKAPET,GLOBAL EDGE SCHOOL Pin-500075
5.	a) Date of Birth (DD/MM/YYYY)	07/12/1981
	b) Age on date of application	
6.	Identification Marks	1. MOLE ON LEFT WRIST 2. MOLE ON LEFT ELBOW

**Declaration :**

a) Do you suffer from epilepsy or from sudden attacks of consciousness or Giddiness from any cause?

Yes	No
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b) Are you able to distinguish with each eye (or if you have a driving license to drive motor vehicle for a period of not less than five years and if you have lost the sight of one eye after said period of five years and if the applicant is 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 meters in good day light(with glasses if worn) a motor car number plate?

Yes	No
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c) Have you lost either hand or foot or are you suffering from any defect or muscular pain of either arm or leg?	Yes	No
d) Can you readily distinguish the pigmentary colors red and green?	Yes	No
e) Do you suffer from night blindness	Yes	No
f) Are you so deaf as be unable to hear (and if application is for driving of a light motor vehicle with or without hearing aid )the ordinary sound?	Yes	No
g) Do you suffer any other disease or disability likely to cause you a driving of a motor vehicle to be a source of danger to the public ?if so give details.	Yes	No

I here by declare that the best of my knowledge and belief the particulars given above and the declaration made herein are true.

**Signature or thumb impression  
of the applicant**

Note :An applicant who answer yes to any of the question(a),(c),(f),and(g) and No to either.Of the question (b) and (d) should amplify his answer with full particulars and may be required.To give further information relating thereto