

TELANGANA TRANSPORT DEPARTMENT
Confirmed Booking Slip for Driving License Test.

Electronic Slot Booking Slip

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 / Competent Authority.
5. Please Visit the RTA Office in the Time Slot booked.

Dear **Mr NAGA VIJAY PAVAN SINGAMPALLI**,

Thanks for using Online Driving Licence slot booking service.

Your Learning Licence Number is **LLRTS20862342023**

Your Driving Licence Test slot has been confirmed on **31-08-2023** between **10:00 AM -- 11:00 AM**.

Please report at **MEDCHAL TEST CENTRE** for driving test at **09:00 AM**, failing which your slot will be cancelled.

For the following class of vehicle(s):

1. **LMVNT - : MEDCHAL TRACK-2**
2. **MCWG - : MEDCHAL TRACK 3**

Payment made

1. Application Fee	Rs.	0
2. Test Fee	Rs.	600
3. Smart Card Fee	Rs.	0
4. Service Charge	Rs.	0
5. Postal Charge	Rs.	0
6. Late Fee	Rs.	0

Total Rs. **600**

TEST CENTRE ADDRESS

Driving Test Track,
Office of the Regional Transport Officer,
Petbasheerabad, Jeedimetla (village),
Kutbullapur (mandal), Medchal
Rangareddy District - 500055

Your payment is recieved vide Transaction No : **49NETR020812506**

Important :-

1. Please bring this booking slip, your Original Learning License and all printed forms for verification.
2. You will not be permitted for the test without printed forms.
3. 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 for any changes. All changes will be notified on website only.

Please bring your vehicle along with following valid documents of your vehicle.

1. Registration Certificate.
2. Insurance Certificate.
3. Pollution Under Control Certificate.
4. Tax, Permit and Fitness Certificate in case of Transport vehicles.

Licensing Authority,
MEDCHAL TEST CENTRE



FORM - 4
(See Rule 14(1))

FORM OF APPLICATION FOR LICENCE TO DRIVE A MOTOR VEHICLE



To
The Licensing Authority,
UNIT OFFICE KUKATPALLY

I apply for a licence to enable to drive vehicles of the following description:-

Light Motor Vehicle Non Transport, Motor cycle with gear

PARTICULARS TO BE FURNISHED BY APPLICANT

1.	Full Name	NAGA VIJAY PAVAN, SINGAMPALLI	
2.	Son/Wife/Daughter of	S GOVINDA RAJU	
3.	Permanent Address (Proof to be enclosed) (Electoral Roll/Life Insurance/ Policy/ Passport/ Pay slip issued by any office of the Central Government/State Government or a local body/ Any other document or documents as may be prescribed by the State Government)	H.No	NAYAN NATURES SERENE
		Village/Locality	PAPARAYUDU NAGAR
		Mandal	KUKATPALLY
		Town/City	HYDERABAD
		Dist	MEDCHAL M-GIRI
		State	TELANGANA
		PIN	500072
4.	Temporary/Official Address (if any)	H.No	NAYAN NATURES SERENE
		Office	
		Locality	PAPARAYUDU NAGAR
		Post	Kukatpalli
		City	HYDERABAD
		PIN	500072
5.	Duration of stay at the present address		
6.	Date of Birth (DD/MM/YYYY) (Birth certificate/school certificate/any document or documents as may be prescribed by the State Government)	20/07/2002	
7.	Place Of Birth	Village/Town/City:	PAPARAYUDU NAGAR
		Mandal/Zone:	KUKATPALLY
		District:	MEDCHAL M-GIRI
		State:	TELANGANA
8.	If place of birth outside India, when migrated to India		
9.	Educational Qualification		
10.	Identification Mark(s)	1. LEFT CHEEK 2. RIGHT HAND INDEX FINGER	

11.	Blood Group	
12.	Have you previously held driving licence , if so, give details	License No: Original Issued by: Last renewed by: Valid upto:
13.	Particulars and date of every conviction which has been ordered to be endorsed on any licence held by the applicant	
14.	Have you been disqualified for obtaining a licence to drive? If so, for what reasons	
15.	Have you been subject to a driving test as to your fitness or ability to drive a vehicle in respect of which a licence to drive is applied for? If so, give the following details.	Date Of Test: Testing Authority: Result of Test: PASS
16.	I enclose three copies of my recent passport size photograph (where laminated card is used no photographs are required)	
17.	I enclose the learner's licence No.....dated.....Issued by the Licensing Authority.....	
18.	I enclose the driving licence No.....dated.....Issued by.....	
19.	I have submitted along with my application for learner's licence the written consent of parent/guardian.	
20.	I have submitted along with the application for learner's licence / I enclose the medical fitness certificate.	
21.	I am exempted from medical test under rule 6 of the Central Motor Vehicles Rules, 1989	
22.	I am exempted from preliminary test under rule 11(2) of the Central Motor Vehicles Rules, 1989	
23.	I have paid the fee of Rs.....	

* Strikeout whichever is inapplicable

Date: **07/03/2023**

Specimen signatures or thumb impression of the applicant

Signature or thumb impression of the applicant

1)	2)
----	----

CERTIFICATE OF TEST OF COMPETENCE TO DRIVE

The applicant has passed the test prescribed under rule 15 of the central Motor Vehicles Rules 1989. The test was conducted on (here enter the Registration Mark and description of the vehicle).....on (date).....

The applicant has failed in the test.
(Details of deficiency to be listed out)

Date:

Signature of Testing Authority

Full Name:

Designation:

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 Administration.

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

In case the application is accepted, the applicant shall be intimated through Electronic Mail to report to the authority concerned on an appointed date along with the documents for further verification, submission of application fee and examination of the applicant.