[See rule 10]

FORM OF APPLICATION FOR THE GRANT OF LEARNER'S LICENCE

То

The Licensing Authority,

DY. RTO, VASHIM



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

VAIBHAV CHAUDHARI 1. Full Name

2. Father's Name **DIPAK**

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

AT WARDN NO 18 BHARATI PURA KARANJA LAD, TQ KARANJA LAD DIST WASHIM., Karanja (M CI), Karanja, Washim, MH, 444105

4. Temporary address / Official address, if any

AT WARDN NO 18 BHARATI PURA KARANJA TQ KARANJA LAD DIST WASHIM., Karanja (M CI) Karanja, Washim, MH 444105

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).	:	02-11-1994
7.	Place of birth	:	
8.	If place of birth out side India when migrated to India	:	
9.	Education Qualification	:	Graduate in Non Medical Sciences
10	Identification Mark(s)	:	

11 Declaration of citizenship status

(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 INDIA

Unknown

13 I hold an effective driving I Motor Vehicle / Transport				20-08-2013				
4 Particulars of any driving licence previously held by applicant. cancelled and if so, for what reason			Whether it was	MH37 20130007237 Active				
	Particulars of any learners licence previously held by applicant in respect of the description of vehicle to which the applicant has applied.							
16 Have you been disqualified If so, for what reason.	d for holding or o	obtaining driving lice	nce or learner's licence.					
17 I enclose three copies of m (Passport size photograph)	•						
18 I enclose medical fitness c	ertificate dated		issued by	doctor				
19 I have submitted along with the case of applicant being	• • • • • • • • • • • • • • • • • • • •	lication for Learner's	s licence / I enclose the w	ritten consent of parent / guardia	an (Ir			
 I enclose driving certificate school) 	dated	issued by		(Name and address of the driving	ng			
21 Have paid the fee of	151.00 Dt	: 25-03-2018	vide Token No. / Re	ceipt MHH/959626				
22 I am exempted from the m	edical test unde	r rule 6 of the Centra	al Motor Vehicles Rules,	1989.				
23 I am exempted from the pr	eliminary test ur	nder rule 11(2) of the	e Central Motor Vehicles	Rules 1989.				
* Strike out whichever is	inapplicable							
Date. 25-03-2018				8.00				
			2	hallelie				
Specimen Signature or Thur	nb impression o	f Applicant.		or Thumb impression of Applica	ant			
1.			(VA	IBHAV CHAUDHARI)				
2								
DECLARATION UN	NDER SUB-SE	ECTION(2) OF SE	CTION 7 OF THE MO	TOR VEHICLE ACT 1988				
accept responsibility / for his intimate the licence authority License.	s / her driving. If y in writing for th	at a later date I decide cancellation of the	de not to accept respons	no is a minor is under my care and ibility of his/her driving, I shall nt for his/her obtaining learner's	nd I			
Signature Name and full address of th								
Relationship								
(To be signed in the presen	ce of the licensi	ng authority or perso	on authorised in the beha	If by the Licensing				
For official use								
The applicant is exempted fr Vehicles Rule, 1989.		test under rule 6 and	d the preliminary test und	der rule 11(2) of the Central Moto	or			
Learner's licence may be iss	sued.							
The applicant was tested wit	th reference of re	ule 11(1) of the Cent	ral Motor Vehicle Rules,	1989.				
He has passed the test. Lea	rner's Licence m	nay be issued.						
Learner's licence may be ref	iused.							
			Signature of	of licensing authority or other				

* 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

Person authorized in the behalf.

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: 634372118 Dt:25-03-2018

[See rule 5(2)]

Application –cum-declaration as to the physical fitness

1.Name of the applicant : VAIBHAV CHAUDHARI

2. Father's Name : DIPAK

3.Permanent address : AT WARDN NO 18 BHARATI PURA KARANJA LAD

TQ KARANJA LAD DIST WASHIM., Karanja (M CI)

Karanja, Washim, MH

444105

4.Temporary address : AT WARDN NO 18 BHARATI PURA KARANJA LAD

Official address (if any)

TQ KARANJA LAD DIST WASHIM., Karanja (M CI)

Karanja, Washim, MH

444105

5. (a) Date of birth : 02-11-1994

(b) Age on date of application : 23 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 to the public, if so, give details?

Yes / No

I hereby declare that, to the best of my knowledge and belief, the particulars given above and the declaration made therein are true.

2 halleline

Signature or thumb impression of the applicant (VAIBHAV CHAUDHARI)

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.

CMV Form 1-A

Appl No: 634372118 Dt:25-03-2018

[See rules 5(1),(3),7,10(a),14(d), and 18(d)] Medical

[To be filled in by a registered medical practitioner appointed for the purpose by the State Government or person authorised in this behalf by the State Government referred to under sub-section (3) of Section 8]

1.Name of the applicant :	VAIBHAV CHAUDHARI	
2. Identification marks :		
3. (a) Does the applicant, to the best of you of vision? If so, has it been corrected		Yes / No
(b) Can the applicant, to the best of you pigmentary colours, red and green '		Yes / No
(c) In your opinion, is he able to distinguous of 25 metres in good day light a motor	, ,	Yes / No
(d) In your opinion, does the applicant s which would prevent his hearing the		Yes / No
(e) In your opinion, does the applicant s	suffer from night blindness?	Yes / No
(f) Has the applicant any defect or deformant interfere with the efficient performant your reasons in details.	rmity or loss of member which would ce of his duties as a driver? If so, give	Yes / No
(g) Optional (a) Blood group of the applicant (if the information may be noted in his		
(b) RH factor of the applicant (if the information may be noted in his		

Declaration made by the applicant in Form 1 as to his physical fitness is attached

Certificate of Medical Fitness

I certify that: -

(i) I have personally examined the Shri: VAIBHAV CHAUDHARI

- (ii) that while examining the applicant I have directed special attention to his / her distant vision;
- (iii) while examining the applicant, I have directed special attention to his / her hearing ability, the conditions of the arms, legs, hands and joints of both extremities of the applicant; and
- (iv) I have personally examined the applicant for reaction time, side vision and glare recovery (applicable in case of persons applying for a licence to drive goods carriage carrying goods of dangerous or hazardous nature to human life.)

_____.

The applicant is not medically fit to hold a licence for the following reasons: -

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Signature:

Name and designation of the of Medical Officer
/ Practitioner

(Seal)

2. Registration Number of Medical Officer

Thatlette

Signature or thumb impression of the candidate (VAIBHAV CHAUDHARI)

Date:

Note:-

- 1. The medical Officer shall affix his signature over the photograph affixed in such a manner that part of his signature is upon the photograph and part on the certificate.
- 2. Dumb persons without deafness may be granted a valid certificate of driving licence for non-transport vehicle.
