

FORM 2
[See rule 10]
FORM OF APPLICATION FOR THE GRANT OF LEARNER'S LICENCE

To
The Licensing Authority
.....

Space for
Passport size
Photograph

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

- (a) Motor cycle without gear
- (b) Motor cycle with gear
- (c) Invalid Carriage
- (d) Light Motor vehicle
- (e) Transport vehicle
- (f) Road roller
- (g) Motor vehicle of a specified description, namely.....

PARTICULARS TO BE FURNISHED BY APPLICANT

- 1. Full Name
- 2. Son/wife/daughter of
- 3. Permanent address

(Electoral Roll/ Life Insurance Policy / Passport
Pay Slip issued or document as may be prescribed by the state government or a local body /any other documents
as may be prescribed by the state government / Affidavit sworn before an Executive Magistrate or First Class
Magistrate or a Notary Public to be enclosed)
- 4. Temporary Address
- 5. During 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 Notary Public to be enclosed)
- 7. Place of Birth
- 8. If place of birth out side India, when migrate to India
- 9. Education Qualification
- 10. Identification mark(s)
 - 1.
 - 2.
- 11. Declaration of Citizenship status
 - i. If deemed Citizen or Citizen by Birth
(Birth certificate and School Certificate in support of Citizenship as Indian to be enclosed)
 - ii. If Citizenship is acquired by Descent / Registration
(In case Citizenship acquired by Descent, Birth Certificate, land/ property document of parent / in case of
Citizenship acquired by registration, certificate by enclosed)
 - iii. It Citizenship by Naturalization
(Certificate of Naturalization and Certificate of registration to be enclosed)
 - iv. If non-Indian Citizen
(Valid Passport or other travel document and such other document or authority as may be prescribed)
- 12. Blood Group
RH(Rhesus) Factor
- 13. I hold an effective driver licence to drive

Motor cycle/ light motor vehicle / transport vehicle with effect form
- 14. Particular of any driving licence previously held by applicant

Whether it was cancelled and if so, for what reason

15. Particular's of any learner's licence previously held by applicant in respect of the description of vehicle to which the applied
16. Have you be disqualified for holding of obtaining driving licence or learner's licence. If so, for what reasons
17. I enclose three copies of my recent photograph (passport size photograph)
18. I enclose medical fitness certificate date issued by(doctor).
19. I gave submitted along with my earlier application for learner's licence/ I enclosed the written consent of parent / guardian (in the case if applicant being a minor)
20. I enclose driving certificate dated Issued by(Name and address of the driving school)
21. I have paid fee of Rs.....
22. I am exempted from the medical test under rule 6 of the central motor Vehicle Rules.1989
23. I am exempted from the preliminary test under rule 11(2) of the Central Motor Vehicles Rules, 1989.

*Strike out whichever is inapplicable.

Date..... Signature or thump impression of Applicant

Specimen signature or thump impression of Applicant

1.
2.

Declaration under sun-section(2) of section 7 of the motor Vehicles 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 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 and full address of the parent/ guardian

.....

.....

Relationship

(to be signed in the presence of the licensing authority or person authorized in this behalf by the licensing authority)

FOR OFFICIAL USE

The applicant is exempted from the medical test under rule 6 and the preliminary test under rule 11(2) of the Central Motor Vehicles Rules, 1989.

Learner's licence may be issued.

The applicant was tested with reference to rule 11(1) of the Central Motor Vehicles Rules, 1989. He has passed the test. Learner's licence may be issues.

Signature of licensing authority or other
Person authorized in this behalf

*Strike out whichever is inapplicable.

Note:- The application alone with scanned copies of the required document 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 scrutinizes the application and intimate the applicant about the acceptance/ any discrepancy.

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

MOTER VEHICLES ACT, 1988
FORM 1A
Medical Certificate

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

(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 sun-section (3) of section 8).

1.

Name of the applicant
2.

Identification Marks (1)

(2)



3.

(a)

Does the application to the best of your judgment suffer from Any defect vision ‘? If so, has it been corrected by suitable Spectacle?

Yes/No
- (b)

Can the applicant to the best of your judgment readily distinguish the pigmentary colours, red green?

Yes/No
- (c)

In your opinion, is he able to distinguish with his eye sight at a Distance of 25 meters in good day light a motor car number plate?

Yes/No
- (d)

In your opinion, does the applicant suffer from a degree of deafness Which would prevent his hearing the ordinary sound signals?

Yes/No
- (e)

In your opinion does the applicant suffer from night blindness?

Yes/No
- (e)

Has the applicant any defect or deformity or loss of memory Which would interfere with the efficient performance of his duties as a driver ‘? I so, give your reasons in details?

Yes/No

Optional

- (a)

Blood Group of the applicant (If the applicant so desires that the Information may be noted in his driving licence)
- (b)

RH factor of the applicant in (If the applicant so desire that the Information may be noted in his driving licence)

Declarations made by the applicant in Form-I as to his physical fitness is attached.

I certify that I have personally examined the applicant
I also certify that while examining the applicant I have directed special attention to the distant vision and hearing ability, the condition of the arms, legs, hands and joints of both extremities of the candidate and to best of my judgement he is medically fit/not * to hold a driving licence.

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

Signature:

1.

Name and designation of the Medical Officer/ Practitioner (Seal)
2.

Registration Number of medical Officer
3.

Signature or thumb impression of the candidate

Date

NOTE: 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.

MOTER VEHICLES ACT, 1988
FORM 1
(See role 5 (2))
Application-cum-declaration as to be physical fitness

1. Name of the applicant
2. Son/Wife/Daughter of
3. Permanent address
4. Temporary address
Official address (if any)
5. (a) Date of Birth
(b) Age on date of applicant
6. Identification marks (1).....
(2)

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(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 after the said period of five years and if the application if for driving a light motor vehicle other than a transport vehicle fitted with an out side mirror on the steering wheel side) of with one eye, at a distance of 25metres in good day light (with glasses, if worm) a motor car number plate? Yes/No
- (c) Have you lost either hand or foot, or are you suffering from Any defect or muscular power of either arm or leg? Yes/No
- (d) Can you readily distinguish the pigmentary colours, red and green? Yes/No
- (e) Do you suffer from night blindness? Yes/No
- (f) Are you so deaf as to be unable to hear (and id the application is For driving a light motor vehicle, with or without hearing aid) The ordinary sound signal? Yes/No
- (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.

(Signature or thumb impression of the application)

- 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 I-A