

# APPLICATION FORM FOR THE GRANT OR RENEWAL OF LEARNER'S LICENCE

## FORM-2(See rule - 10)

To  
The Licencing Authority,

I hereby apply for a Licence authorising me to drive as a learner for the following motor vehicles  
(Tick in the appropriate box)

1.  Motor cycle below 50cc
2.  Motor cycle above 50cc
3.  Light Motor Vehicle (includes Cars & Jeeps)
4.  Transport Vehicle
5.  Road Roller
6.  Invalid carriage (*incase of physically handicapped applicants*)
7.  Any other category  (Specify the category in the box)

(Please fill the following particulars in CAPITAL Letters only)

1. FULL NAME(Leave one space between first and last name)

2. Son/Daughter/Wife of

3. SEX MALE  FEMALE

4. ADDRESS PERMANENT TEMPORARY

Door No.

Village/town/city

Mandal

District

Pincode

5. DATE OF BIRTH  DD  MM  YYYY

6. EDUCATIONAL QUALIFICATION

IDENTIFICATION MARKS

1.

2.

7. 8. (Optional) : BLOOD GROUP & Rh FACTOR

**Disclaimer :** The applicant is solely responsible for any medical complications that may arise due to wrong declaration of the Blood group.

9. Effective driving licence to drive the following class of vehicles held by the applicant.(Tick in the appropriate box).

A

B

C

D

E

F

G

\_\_\_\_\_ DD \_\_\_\_ MM \_\_\_\_\_ YYYY

Name of Licencing Authority

Licence Number

Valid upto

- 10. Particulars of any driving licence previously held by applicant. Whether it was cancelled and if so, for what reason. ....
- 11. Particulars of any learners licence previously held by applicant in respect of the description of vehicles to which the applicant has applied. ....
- 12. Have you been disqualified for holding or obtaining licence or learners licence? If so, for what reasons. ....

### Applicant's Declaration

- 13. I enclose medical fitness certificate dated.....  
Issued by doctor.....
- 14. 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)
- 15. I enclose driving certificate dated \_\_\_\_\_ Issued by \_\_\_\_\_
- 16. I have paid the fee of Rs. \_\_\_\_\_
- 17. I am exempted from the medical test under rule 6 of Central Motor Vehicle rules 1989.
- 18. I am exempted from the preliminary test under rule 11(2) of Central Motor Vehicle rules 1989.

DATE : \_\_\_\_ \_\_\_\_ \_\_\_\_\_

\_\_\_\_\_

\*Strike out whichever is inapplicable

Specimen Signature of Applicant

### Declaration under sub-section(2) of section 7 of the Motor Vehicle Act, 1988 (By the guardian in the case of applicants who is a minor)

Sri/Kumari \_\_\_\_\_  
Son/Daughter \_\_\_\_\_

who is a minor under my care and i accept responsibility for his/her driving. If ar a later date I decide not to accept responsibility for his/her driving. I shall intimate the Licencing Authority in writing for the cancellation of the licence. I give my consent for his/her obtaining lerarners licence.

Name and full address of Parent/Guardian Relationship

Signature of the parent/Guardian

(To be signed in the presence of the Licencing Authority or person authorised in this behalf by Licencing Authority)

#### FOR OFFICE USE:

EXEMPTED from test under rule 6 & under rule 11(2) of CMV rules YES  NO

TEST under rule 11(1) of CMV rules  
Result : PASSAD  FAILED  ABSENT

Decision ISSUE  REFUSE

Reasons of Refusal:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

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DATE

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Signature of Licencing Authority

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CODE