Form L.Lr. A
APPLICATION FOR LEARNER’S DRIVING PERMIT
I-Application
NATIONAL IDENTITY CARD NUMBER

To

- - - - - - - - - - - - - - - -

The Licensing Authority.

I hereby apply for a permit authorizing me to drive as a learner for a vehicle of following description:
01 Motor Cycle
03 LTV
05 Motor Rickshaw
07 Tractor Comm.
09 Road Roller
02 Motor Car
04 HTV
06 Tractor Cab
08 Motor Cab
10 invalid Carriage

1. Full Name
2. Father Name
   Husband
3. Permanent address
4. Temporary address
5. Date of Birth __________________ Date of Application ______________________
6. Blood Group __________________
7. Particulars of any licence previously held by applicant ______________________
   _____________________________________________________________
8. Particulars of any learner’s driving permit previously held by the applicant in respect of the
   description of vehicle to which the application applies.
the Signature or thumb impression of applicant

Duplicate signature or thumb Impression of applicant

Strike out whichever is inapplicable, add other description if necessary.
# FORM B

(See Section 7 (3) and Section (2)

NATIONAL IDENTITY CARD NUMBER

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Form of Medical (certificate in respect of application for a license to drive any transport vehicle or to drive any vehicle as paid employee or others:)

TO BE FILLED UP BE A REGISTERED MEDICAL PRACTITIONER

1. What is the applicant’s apparent age? ________________________________

2. Is the applicant to the best of your judgment subject to epilepsy, vertigo, chronic ill-health likely to affect his efficiency?

3. Does the applicant suffer from any heart or lung disorder which might interfere with the performance of his duties as a driver? ________________________________

4. (a) Is there any defect of vision, if so, has it been corrected by suitable spectacles?
    (b) Does the applicant suffer from a degree of deafness which would prevent his hearing of ordinary sound signals?

5. Does the applicant have any deformity or loss of members, which interfere with the efficient performance of his duties as a driver?

6. Does he show any evidence of being addicted to the excessive use of alcohol, tobacco or drugs?

7. Is he/she in your opinion generally fit as regards (a) bodily in health, and (b) eyesight?

8. Marks of identification. ________________________________

9. Blood Group ________________________________

I certify that to the best of my knowledge and belief the applicant is the person here as above described and that the attached photograph is a reasonably correct likeness.

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SIGNATURE ________________________________
NAME ________________________________
R.M.P NO ________________________________
DOCTOR’S NATIONAL IDENTITY CARD NO.

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Date ________________________________

SPACE OF PHOTOGRAPH