# (FORM A)

**From [Section 7 (2) of the motor Vehicle Ord. 1965]**
**FORM OF APPLICATION FOR LICENSE TO DRIVE A MOTOR VEHICLE**
**NATIONAL IDENTITY CARD NUMBER**

| | | | | | — | | | | | | | | — | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

apply for a license to enable me to drive

as a paid employee
other than as a paid employee

| | | | |
|---|---|---|---|
| 01 | Motor Cycle | 02 | Motor Car |
| 03 | LTV | 04 | HTV |
| 05 | Motor Rickshaw | 06 | Tractor Agri |
| 07 | Tractor Comm | 08 | Motor Cab |
| 09 | Road Roller | 10 | Invalid Carriage |

11 Particulars to be furnished by an applicant

1. Full Name

2. Father
Husband Name

3. Permanent Address

4. Temporary Address

5. Date of Birth _____ Blood Group _____ Date of Applicant _____

6. L.P. No _____ Date _____

Valid upto _____ for _____

7. Particulars of any license previously held by applicant _____

Date of Applicant _____

---

8. Particulars and date of every conviction which has been ordered to be endorsed on only license held by the applicant. _____

9. Have you been disqualified, for obtaining a license to drive? If to for what reason. _____

10. Have you been subjected to a driving test as to fitness or ability to drive a vehicle in respect of which a license to drive as applied for? If so give date testing authorities and result of test. _____

Declaration as to physical fitness of applicant.

11. The applicant is required to answer "Yes" or "No" in the space provided opposite each question.

(a) Do you suffer from epilepsy or from sudden attacks of disabling giddiness or fainting? _____

(b) Are you able to distinguish with each eye at a distance of 25 yards in good daylight (with glass if worm) a motor car number plate containing seven letters and figures? _____

(c) Have you lost either hand or food or you suffering from any defect in movement control or muscular power of either Arm or leg? _____

(d) Do you suffer form colour blindness or nigh blindness? _____

(e) Do you suffer form defect of hearing? _____

(f) Do you suffer from any other disease or disablity likely to cause your driving of a motor vehicle to be source of danger to the public? If so give particulars _____

I declare that to the best of my information and belef the particulars given in section II and th declaration made in section iii here are true.

Note:- An applicant who answers "yes" to question (b) and (c) in the declaration and "No" to the questions may claim to be subjected to a test as to his competency to drive vehicle of a specified type or types.

The _____ 20 Signature/thumb impression of Applicant

CERTIFICATE OF TEST OF ABILITY TO DRIVE

The applicant has passed / failed in the test specified in the Third schedule to Motor Vehicle Ord. 1965 the test was conducted on (vch no.) _____ dated _____ at _____

Duplicate signature or thumb impression of applicant

Signature of testing Authority

License No. _____ dated _____ for _____ has Issued to the applicant after necessary verifications.

Licensing Authority

# FORM B

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

**NATIONAL IDENTITY CARD NUMBER**

| | | | | | — | | | | | | | | — | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

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

TO BE FILLED UP BE A REGISTERED MEDICAL PRACTITIONER

1. What is the applicant's apparent age? _____
2. Is the applicant to best of your judgment subject to epllepsy, 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 has been corrected by suitable spectacles? _____
   (B) Does is 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 effecient 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.

SPACE OF PHOTOGRAPH

SIGNATURE _____

NAME _____

R.M.P NO _____

DOCTOR'S NATIONAL IDENITY CARD NO.

| | | | | | — | | | | | | | | — | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

Date _____

(نوٹ) یہ تمام فارم معہ شناختی کارڈ نمبر میڈیکل افسر تصدیق کنندہ کا قلمی ہونا ضروری ہے

درخواست دہندہ اس فارم پر کچھ لکھنے کا مجاز نہ ہے۔

**CONFIDENTIAL**
NOT TO BE DISCLOSED
TO THE PUBLIC

# POLICE DEPARTMENT
# DRIVING TEST RESULT SHEET

Name of Applicant .....

Age..... Address .....

Previous experience .....

Type of vehicle for which license required .....

## PART 1

The candidate shall satisfy the person conducting the test that he is able to:-

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|
| Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| NO | NO | NO | NO | NO | NO | NO | NO | NO | NO |

(Strike off whichever (Yes or No) is not applicable)

A Starting B Stoping C. Turning

| Examiner's Initials | A-1 | 2 | 3 | 4 | 5 | 6 | B-1 | 2 | C-1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | |

D-Backing E Parking F Traffic Signal G Signal

| Examiner's Initials | D-1 | 2 | E-1 | 2 | 3 | 4 | 5 | F-1 | 2 | 3 | G-1 | 2 | 3 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | |

H Passing I Hills J Speed

| Examiner's Initials | H-1 | 2 | 3 | 4 | 5 | 6 | I-I | 2 | 3 | J-I | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | |

K- Attention L-Attitued towards other

| Examiner's Initials | K-1 | 2 | 3 | 4 | J-1 | 2 | 3 | 4 |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |

M- Miscellaneous

| Examiner's Initials | M-1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | |

Part II (Rules and Regulations)

| 81 | 82 | 83 | 34 | 85 |
|---|---|---|---|---|
| Yes | Yes | Yes | Yes | Yes |
| No | No | No | No | No |

(Strike off whichever (Yes or No) is not applicable)

1. Traffic signs in North Schedule (Yes) (No) At least the question
2. High way Code (Yes) (No.) to be out to the applicant.

## PART III (Physical Fitness)

| (a) | (b) | (c) | (d) |
|---|---|---|---|
| Yes | Yes | Yes | Yes |
| No | No | No | No |

*(Strike off whichever (Yes or No) Is not applicable)*

Examiner's Remarks :

I have examined Mr..... on..... Vehicle

He has Passed/Falled in the test.

Examiner's Signature

(With his full name and designation)

Dated .....