

# FORM 4

DD No. \_\_\_\_\_

## FORM OF APPLICATION FOR LICENCE TO DRIVE A MOTOR VEHICLE

To  
The Licensing Authority  
Hooghly

I apply for a licence to enable me to drive  
vehicle of the following descriptions :

- (a) (Motor cycle without gear)
  - (b) Motor cycle with gear
  - (c) Invalid carriage
  - (d) Light Motor vehicle
  - (e) Transport vehicle
  - (f) Medium passenger Motor vehicle
  - (g) [.....]
  - (h) [.....]
  - (i) Road Roller
- Motor vehicle of the following description



### PARTICULARS TO BE FURNISHED BY APPLICANT

1. Name : \_\_\_\_\_
2. Son/wife/daughter of : \_\_\_\_\_
3. Permanent Address : \_\_\_\_\_  
(Proof to be enclosed)
4. Temporary Address / official address (if any) : \_\_\_\_\_  
\_\_\_\_\_
5. Date of birth (proof of age to be enclosed) : \_\_\_\_\_
6. Education qualification : \_\_\_\_\_
7. Identification marks : (1) \_\_\_\_\_  
(2) \_\_\_\_\_
8. Optional  
Blood Group : \_\_\_\_\_  
RH Factor] : \_\_\_\_\_
9. Have you previously held driving licence?  
If so give details : \_\_\_\_\_
10. Particulars and date of every conviction  
which has been order to be endorsed on any  
licence held by the applicant. : \_\_\_\_\_
11. Have you been disqualified for obtaining a  
licence to drive? If so, for what reason? : \_\_\_\_\_
12. Have you been subjected, to a driving test  
as your fitness or ability to drive a vehicle in  
respect of which a licence to drive is applied  
for? If so, give the following details. : \_\_\_\_\_

- |     | Date of test  | Testing authority | Result of test |
|-----|---|-------------------|----------------|
| 1.  |   |                   |                |
| 2.  |   |                   |                |
| 3.  |   |                   |                |
| 4.  |   |                   |                |
| 13. | I enclose three copies of my recent 75 (passport size photographs) where laminated card is used no photographs are required.          |                   |                |
| 14. | .....   |                   |                |
| 15. | I enclose the driving Certificate No. .... dated .....<br>issued by .....   |                   |                |
| 16. |   |                   |                |
| 17. | I have submitted alongwith the application for learner's licence / I enclose the medical fitness certificate.                         |                   |                |
| 18. | I am exempted from preliminary test under rule 11(2) of the Central Motor Vehicle Rules 1989.   |                   |                |
| 20. | I have paid the fee of Rs. ....<br>I hereby declare that to the best of my knowledge and belief the particulars given above are true. |                   |                |
|     | * Strike out whichever is in applicable.  |                   |                |

Date ..... Signature or thumb impression of the applicant

### CERTIFICATE OF TEST OF COMPETENCE TO DRIVE

The application has passed the test prescribed under rule 15 of the Central Motor Vehicle Rules 1989.

The application has failed in the test.  
(The details of the deficiency to be listed out)

Date ..... Signature of testing Authority  
Hooghly.  
.....  
*Full name & designation*

two specimen Signature of applicant.  
1.  
2.  
\* Strike out whichever is in applicable

69. Substituted by G.S.R. 933 (E), dated 28-10-1989 (w.e.f. 28-10-1989)  
70. Substituted by G.S.R. 76 (E), dated 31-01-2000 (w.e.f. 31-01-2000)  
71. Substituted by G.S.R. 221 (E), dated 28-03-2001 (w.e.f. 28-03-2001)  
72. Item (g) and (h) omitted, ibid (w.e.f. 28-03-2001)