

Form of Application for the Renewal of Driving Licence

Space for photograph of the size five centimeters by six centimeters

I, Shri/Smt./Kumari

Son/Wife/Daughter of

here by apply for the renewal of my driving licence which is attached and particulars of which are as follows:-

- (a) Number _____
- (b) Date of Issue _____
- (c) Licensing Authority by which the licence was issued _____
- (d) Licensing Authority by which the Licence was last renewed. _____
(No. and Date of Renewal)
- (e) Class of vehicle authorized to be driven _____
- (f) Date of expiry of licence to drive
 - (i) Transport Vehicle _____
 - (ii) Vehicle other than Transport Vehicle _____

My present address is _____

If this address is not entered on the licence do / do not wish that it should be as entered

If the licence is not attached, reasons why it is not available ? _____

If the licence was not renewed within thirty days of the date of expiry, reasons for delay

The renewal of licence has not been refused by any Licensing Authority. I have not been disqualified for holding or obtaining a driving licence. My license has not been renewed.

I enclose a Medical Fitness Certificate Form I

I enclose three copies of my recent photographs (5 cms. by 6 cms.)

I have paid the fee of Rs. _____

I hereby declare that to the best of my knowledge and belief the particulars given above are true

Signature or thumb impression of applicant

Date : _____

Name _____

Address _____

FORM 7

Application for getting a Laminated Driving License

(TO BE FILLED IN CAPITAL LETTERS)

1. Name of Applicant : _____
2. Son / wife / daughter of : _____
3. Permanent Address : _____

4. Temporary Address : _____

5. Date of Birth : _____
6. Type of Vehicle : _____
7. Original Licence No./date : _____
8. Date of expiry of original Licence : _____
9. Name of the Issuing Authority : _____
10. Date of Last Renewal : _____
Name of Authority _____
11. Date of Endorsement, if any : _____
New Class of Vehicle : _____
Endorsed for _____ on _____
By Licencing Authority _____

Signature of Applicant

FOR OFFICE USE ONLY

1) Laminated Licence No. PB__08_____

2) Date of Validity _____

Date :

Signature of Licencing Authority

FROM 1

MEDICAL CERTIFICATE

[See rules 5,7,10 (a) and 18]

(To be filled in by a registered medical practitioner before the state or Government of person authorized behalf by the State of Government of the registered under sub Section (3) of section (8))

Name _____ Son of Shri _____

Resident of _____

1) Name of the applicant

2) Date of Birth

3) Does the applicant to be these of you

Judgement suffer from any defect of

Vision ? if so, has it been corrected by

Suitable spectacle ? Yes/No

(b) Can the applicant to the best your

Judgement readily distinguish the pig

Mentry colours red and green ? Yes/No

(c) Is he able to distinguish with sauh

Eye at a distance of 25 meters in good

Day light a motor car number plate. Yes/No

(d) Does the applicant suffer from a

Degrees of deafness which would

Prevent his hearing the or dinary sound

Signals ? Yes/No

(e) Does the applicant suffer from night

Blindness. Yes/No

(f) Has the applicant any deformity or

Loss of membrane which would inter-

Fere with the efficient performance of

His duties as a driver. If so, drive your

Reasons in details. Yes/No

(g) _____

OPTIONAL

(a) Blood Group of applicant (if applicant so desire that the information noted in his driving licence).

(b) RH factor of the applicant (if the applicant so desires that the information may be noted in his driving licence).

Declaration made by the application form I as to his physical fitness is attached.

I certified that I have personally examined the applicant _____ I also certified that while examining the applicant. I have directed special attention the distant vision and hearing ability the condition of the arms, legs, hands and joints of both extremities of the candidate and to the best of my judgement he medically fit to hold a driving licence.

The applicant is not medically fit to hold a licence of the following reasons

Signature _____

1. Name and Designation of the medical

Resi.

Signature of the candidate _____

Note 1st The medical officer shall affix his signature upon the photograph aligned in Form in such a manner that part of his signature is upon the photograph and part on the certificate.

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