

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

To

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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    | 02 | Motor Car        |
| 03 | LTV            | 04 | HTV              |
| 05 | Motor Rickshaw | 06 | Tractor Cab      |
| 07 | Tractor Comm.  | 08 | Motor Cab        |
| 09 | Road Roller    | 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 license 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**

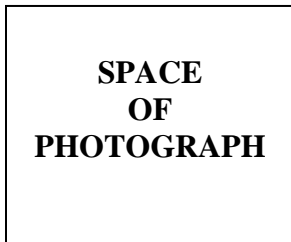
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Form of Medical (certificate in respect of application for a license to drive any transport vehicle or to drive any vehicle as paid employee or otherwise):

TO BE FILLED UP BY 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.



**SIGNATURE** \_\_\_\_\_  
**NAME** \_\_\_\_\_  
**R.M.P NO** \_\_\_\_\_  
**DOCTOR'S NATIONAL IDENTITY CARD NO.**

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**Date** \_\_\_\_\_