

"FORM 4"
[See rule 14(1)]

Appl

Appl No:929621820 Dt:03-03-2020

FORM OF APPLICATION FOR LICENSING TO DRIVE A MOTOR

To
The Licensing Authority,
DY. RTO, WARDHA



I apply for a licence to enable me to drive vehicles of the following motor vehicle
MCWOG

PARTICULARS TO BE FURNISHED BY APPLICANT

1. Full Name : SHAHELA A KHAN
2. Father's Name : ASADULLA A KHAN
3. Permanent address : DR ZAKIR HUSSAIN COLONY INFRONT
(Electoral Roll / Life Insurance Policy / Passport / Pay Slip OF HABIBIYA MASJID, Wardha (M CI),
issued by any office of the Central Govt / State Govt Wardha, MH, 442001
or a local body / Any other documents as
may be prescribed by the State Govt / Affidavit sworn
before an executive magistrate or a First Class Judicial Magistrate or
4. Temporary address / Official address, if any : DR ZAKIR HUSSAIN COLONY INFRONT
OF HABIBIYA MASJID

Wardha, Nandurbar, MH
442001
5. Duration of stay at the present address :
6. Date of birth : 12-10-1992
(Birth certificate / school certificate / affidavit sworn before an
Executive Magistrate or a First Class Judicial Magistrate or a
Notary public to be enclosed).
7. Place of birth : WARDHA
:
8. If place of birth out side India when migrated to India :
9. Education Qualification : Post Graduate in Non Medical Sciences
- 10 Identification Mark(s) :
- 11 Declaration of citizenship status
(i) If deemed Citizen or Citizen by Birth : INDIA
(any one of the following in support of Citizenship as Indian to be enclosed):-
a) Proof of Birth in India from Municipality or Registrar of Births and Deaths;
b) School leaving certificate/Secondary School certificate showing
nationality/place of birth;
c) Passport showing place of birth/citizenship/nationality;
d) Certificate of Nationality/citizenship issued by District Magistrate or any
other Administrative officer;
e) Residency Permit/domicile certificate issued by the State Government;
f) Grant of patta/lease of property by the Central/State Government;
g) Refugee Registration Card pertaining to the period 1947 - 1950;
h) Certificate of SC/ST/OBC.
(ii) If Citizenship is acquired by Descent / Registration
(In case Citizenship acquired by Descent, Birth Certificate,
land / property document of parent / in case of Citizenship acquired by
- 12 Blood Group (RH(Rhesus) factor) : A+

- 13 Have you previously held driving licence?
If so, give details
- 14 Particulars of date of every conviction which has been ordered to be endorsed on any licence held by the applicant
- 15 Have you been disqualified for obtaining a licence to drive?
If so, for what reasons
- 16 Have you been subjected to a driving test as to your fitness for ability to drive a vehicle in respect of which a licence to drive is applied for? If so, give the following details: -

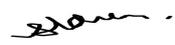
Date of Test	Testing authority	Result of test
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- 1.
- 2.
- 3.
- 4.

- 17 I enclose three copies of my recent passport size photograph (Where laminated card is used no photographs required).
- 18 I enclose the learner's licence No. MH32 /0014813/2019 Dt:05-10-2019.....issued by the licensing authority.
- 19 I enclose the driving certificate No. issued by
- 20 I have submitted along with my application for learner's licence the written consent of parent/guardian.
- 21 I have submitted along with the application for learner's licence/ I enclose the medical fitness certificate.
- 22 I am exempted from the medical test under rule 6 of the Central Motor Vehicles Rules, 1989.
- 23 I am exempted from the preliminary test under rule 11(2) of the Central Motor Vehicles Rules 1989.
- 24 Have paid the fee of 766.00 Dt : 04-03-2020 vide Token No / Receipt No MHT/1149103

* Strike out whichever is inapplicable

Date 03-03-2020.....



Signature or Thumb impression of

(SHAHELA A KHAN)

CERTIFICATE OF TEST OF COMPETENCE TO DRIVE

The applicant has passed the test prescribed under Rule 15 of the Central Motor Vehicles Rules, 1989. The test was conducted on (here enter the registration mark and description of the vehicle) on (date)

The applicant has failed in the test.

(The details of the deficiency to be listed out)

Date.....

Signature of Testing Authority

.....
Full name and designation

Two specimen signatures of applicant.:

1.
2.

* Strike out whichever is inapplicable.

Note: The application along with the scanned copies of the required documents may also be sent to the concerned Licensing Authority through Electronic Mail, if allowed by the concerned State Government / Union Territory Administration.

In such cases, the Licensing Authority shall scrutinise the application and intimate the applicant about the acceptance / any / discrepancy.

In case the application is accepted, the applicant shall be intimated through Electronic mail to report to the Authority concerned on a appointed date along with the documents for further verification, submission of application fee and examination of the applicant.

[See rule 5(2)]

Application –cum-declaration as to the physical fitness

- 1.Name of the applicant : SHAHELA A KHAN
2. Father's Name : ASADULLA A KHAN
- 3.Permanent address : DR ZAKIR HUSSAIN COLONY INFRONT OF HABIBIYA
MASJID
Wardha (M CI)
Wardha,MH
442001
- 4.Temporary address : DR ZAKIR HUSSAIN COLONY INFRONT OF HABIBIYA
Official address (if any) MASJID

Wardha,Nandurbar,MH
442001
5. (a) Date of birth : 12-10-1992
(b) Age on date of application : 27 years
6. Identification marks :

Declaration :

(a) Do you suffer from epilepsy, or from sudden attacks of loss of consciousness or giddiness from any cause ? Yes / No

(b) Are you able to distinguish with each eye (or if you have held a driving licence to drive a motor vehicle for a period of not less than five years and if you have lost, the sight of one eye after the said period of five years and if the application is for driving a light motor vehicle other than a transport vehicle fitted with an outside mirror on the steering wheel side) or with one eye, at a distance of 25 metres in good day light (with glasses , if worn) a motor car number plate? Yes / No

(c) Have you lost either hand or foot or are you suffering from any defect in movement, control or muscular power of either arm or leg ? Yes / No

(d) Can you readily distinguish the pigmentary colours, red and green ? Yes / No

(e) Do you suffer from night blindness ? Yes / No

(f) Are you so deaf as to be unable to hear (and if the application is for driving a light motor vehicle, with or without hearing aid) the ordinary sound signal ? Yes / No

(g) Do you suffer from any other disease or disability likely to cause your driving of a motor vehicle to be a source of danger to the public, if so, give details? Yes / No

I hereby declare that, to the best of my knowledge and belief, the particulars given above and the declaration made therein are true.


Signature or thumb impression of the applicant
(SHAHELA A KHAN)

Note : - (1) An applicant who answers 'Yes' to any of the questions (a),(c),(e), (f) and (g) or 'No' to either of the questions (b) and (d) should amplify his answers with full particulars, and may be required to give further information relating thereto.
(2) This declaration is to be submitted invariably with Medical Certificate in Form 1-A.