# (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

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	apply for	a lice	nse	to	en	able	me	to	dr	ive						_			
	as a paid	employ	yee																
	other than	as a	pai	id (	emp	loye	е												
01	Motor Cycl	le						02		Мо	tor	Ca	ar						
03	LTV							04		HT	V								
05	Motor Rickshaw									Tractor Agri									
07	Tractor Comm							08		Мо	tor	Ca	ab						
09	Road Roller 11 Particulars to be fur						10		Invalid Carriage										
-			Par	ticu	lars	to b	e fu							_					
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1. Fu	ıll Name														L				
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Val	id upto								_ 1	or_									
7. Pa	articulars of	any lice	ense	pr	evio	usly	hel	d by	ар	plic	can	ıt							
	te of Applic																		
																_	_		_
	Particulars a																		
k	een ordered	d to be	end	orse	ed o	n or	ıly li	cens	se l	nelo	b	У							
t	he applicant	t.											-						
	lave you be							-											
1	icense to dr	ive? If t	o fo	or w	hat	reas	on												

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 <u>passed</u> in the test specified in the Third schedule to Motor Vehicle Ord. 1965 failed											
the test was conducted on (vch no.) dated at											
Duplicate signature or thumb Signature of testing impression of applicant Authority											
License No dated forhas Issued to the applicant after necessary verifications.											

Licensing Authority

### **FORM B**

(See Section 7(3) and Section (2))
NATIONAL IDENTITY CARD NUMBER

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	Form of Medical (certifi	cate in res	necto	fannlic	ation	for	alice	nea	to dri	ve a	ny tran	snort
Vahic	le or to drive any vehicle			2000				,,,,,	to un	•• •	ny trui	ороге
	TO BE FILLED UP BE	A REGIS	TERED	MEDICA	AL PE	RACT	ITIO	NER				
1.	What is the applicant's											
2.	Is the applicant to	best of	your									
	judgment subject to ep	llepsy, ve	rtigo,									
	chronic ill-health likely efficiency?	to affect	his									
3.	Does the applicant suf	fer from a	ny hear	rt								
	or lung disorder which might interfere											
	with the performance of	f his dutie	es as a									
	driver?											
4.	(A) Is there any defect	of vision,	if so, h	as								
	it has been corrected b	y suitable	specta	acles?								
	(B) Does is applicant s			ee								
	of deafness which wo											
	hearing of ordinary so											
5.	Does the applicant have											
	loss of members, whic											
	effecient performance driver?	or ms auti	es as a	1								
•	Does he show any evid	lanca of h	nina		-							_
6.	addicted to the excess		_	d:								
	tobacco or drugs?	ive use or	aicono	,,								
7.	Is he/she in your opinion	on genera	Ilv fit a	s		_						
	regards (a) bodily in he											
	(b) eyesight?											
8.	Marks of identification											
9.	Blood Group											
	I certify that to the be	st of my k	nowled	dge and	helie	f the	ann	lican	t			
	Is the per			_						hed	photo	araph
is a re	easonably correct liken	ess.										JP.
			SIGNA	TURE _								
			NAME									
	SPACE		R.M.P	NO								
	OF	D	осто	R'S NAT	ION	AL ID	ENI	TY C	ARD	١٥.		
	PHOTOGRAPH							T .				
			Date _						_			

(نوٹ) بیتمام فارم معدشاختی کارڈنبر میڈیکل افسرتصدیق کنندہ کا قلمی ہوناضروری ہے درخواست دہندہ اس فارم پر پچھ کھنے کا مجاز ندہے۔

## POLICE DEPARTMENT CONFIDENTIAL NOT TO BE DISCLOSED TO THE PUBLIC POLICE DEPARTMENT DRIVING TEST RESULT SHEET

Name of Applica	nt													
Age		Д	ddres	s										
Previous experie	ence													
Type of vehicle	for whic	h lice	nse re	quir	ed									
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ŀ	Yes	Yes	5.5	Yes Yes Ye				es	Yes	Yes	04000		Yes	
	NO	NO	1 00000	NO NO		NO		0	NO	NO		0	NO	
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A Starting B Stoping C. Turning														
Examiner's	A-1	2	3	4	5	6	B-1	2	C-1	2	3	4	5	
Initials														
	D-Back	ing		E	Park	ing			Traff		£. ,0	G	Signal	
Examiner's	D.4   0		E 4	2	3	4	5	70	Signa	3	C 4	2		
Initials	D-1	2	E-1		3	4	5	F-1	2	3	G-1		3	
	H Pass	ing	I Hills								J :	Speed		
Examiner's	H-1	2	3	4	5	6	1-1	2	3	J-I	2	3	4	5
Initials		_		100				_	Ť		_			J
	K- Attention L-Attitued towards other									, ,				
Examiner's	K-1	2	3	4	J-1	2	3	4						
Initials														
	M- Miscellaneous								_		F			E
Examiner's Initials	M-1	2	3	4	5	6	7	8	9	10	11	12	13	
	,							41						
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			No	_	lo	No	No		Vo.					
	(	Strike	off w							cable)				
1. Traffic s	20 20 2				,						st the	ques	tion	
2. High w	ay Code	(Yes	) (No.	.)				to be	out t	the a	applic	ant.		
			PA	RT	III (I	Phys	ical	Fitr	iess	) (				
	(a) (b) (c) (d)													
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		(Strik	e off w	hích	ever	Yes o	r No)	Is not	appli	cable,	)			
Examiner's Re	marks :													
I have ex	amined	Mr						. on						Vehicle
He has Passed/Falled in the test. Examiner's Signature														
								(	With I	nis ful	l name	e and	d desig	gnation
Dated														