



APPLICATION FORM FOR REGULAR DRIVING LICENSE (DL) REGISTERING & LICENSING AUTHORITY U.T., CHANDIGARH

Fields marked with (*) are mandatory

Form 4-Personal Details and Declaration (Fill in Block Letters Only)

I apply for a license to enable me to drive vehicles of the following description <i>(Please tick)</i> :												<i>Affix Photograph</i>
Motor cycle without gear			Motor cycle with gear			Light Motor vehicle						
Invalid carriage			Transport vehicle			Road roller						
Motor vehicle of a specified description, namely												
Name of Applicant*												
Relation* (Please Tick)		Father		Mother		Husband		Guardian				
Relation Name*												
Gender* (Please Tick)		Male		Female		Transgender						
Date of Birth*		D	D	M	M	Y	Y	Y	Y	Blood Group*		
Place of Birth						Country of Birth						
Aadhaar No.						Mobile No*						
E-mail						Qualification*						
Identification Mark 1						Identification Mark 2						
House No / Flat No *						Sector / Village*						
Tehsil / Sub-District*						District*						
State/UT*						Pin Code*						
Have you previously held driving licence? If so, give details												
Particulars and date of every conviction which has been ordered to be endorsed on any licence held by the applicant												
Have you been disqualified for obtaining a licence to drive? If so, for what reasons												
Have you been subjected to a driving test as to 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				
I enclose the learner's licence No.				Dated				issued by the licensing authority				
I enclose the driving certificate No.				Dated				issued by				
I have submitted along with the application for learner's license the written consent of parent/guardian.												
I have submitted along with the application for learner's licence/I enclose the medical fitness certificate												
I am exempted from the medical test under rule 6 of Central Motor Vehicles Rules, 1989												
I am exempted from preliminary test under rule 11(2) of the Central Motor Vehicles Rules, 1989.												
I have paid the fee of Rs.												
Date:										<i>Signature or thumb impression of Applicant</i>		

Certificate of Test Competence to Drive

The applicant has passed the test prescribed under the rule 15 of the Central Motor Vehicles Rules, 1989. The test was conducted on		
Class of Vehicle	Registration Mark of Vehicle	Date
The applicant has failed in the test. (The details of the deficiency to be listed out)		
Date :		<i>Signature of Testing Authority</i>
Full Name and Designation of Testing Authority		
Two Specimen signatures of applicant :		
1.	2.	

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Acknowledgement

This is to confirm that the applicant named below has submitted the application form for Regular Driving License with original Learner's License.					
Name of Applicant		Class of Vehicle applied for			
LL Number & Date		Validity		From	To
<i>Signature of Testing Authority</i>					