FORM 2

[See rules 10, 14, 17 and 18]

Form of Application for Learner’s Licence or Driving Licence or Addition of a New Class of Vehicle or Renewal of Driving Licence or Change of Address or Name

To,

The Licencing Authority

<table>
<thead>
<tr>
<th>Services applying for (Please Tick mark against single or multiple service, wherever applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Issue of New Learner’s Licence</td>
</tr>
<tr>
<td>Issue of New Driving Licence</td>
</tr>
<tr>
<td>Addition of Class of Vehicle to Driving Licence</td>
</tr>
<tr>
<td>Renewal of Driving Licence</td>
</tr>
<tr>
<td>Duplicate Driving Licence</td>
</tr>
<tr>
<td>Change / Correction of Address in Driving Licence</td>
</tr>
<tr>
<td>Change / Correction of Name in Driving Licence</td>
</tr>
</tbody>
</table>

1. Class of Vehicles (COV): Applicable for New Learner’s Licence or New Driving Licence

| Motor Cycle Without Gear (MCWOG)                                                               |
| Motor Cycle With Gear (MCWG)                                                                   |
| Light Motor Vehicle as Non Transport Vehicle (LMV NTV)                                        |
| Adapted Vehicle (vehicles for use by Divyang)                                                   |
| Light Motor Vehicle as Transport Vehicle                                                        |
| Medium or Heavy Goods or Passenger Vehicle as Transport Vehicle                              |
| E-Rickshaw                                                                                      |
| E-Cart                                                                                            |
| Others; which is not covered in any of the above categories including, Harvester, Excavator, Fork lift, Trailers, Crane mounted vehicles, Agricultural tractor and power tiller, Tow trucks, Breakdown Van and Recovery vehicles, Construction equipment vehicles |

Explanation :-

1. Non - Transport Vehicles include Motor Cycle with or without sidecar for personal use, Mopeds, Three Wheeled vehicles for personal use, Motor Car for personal use, Fork Lift;

2. Transport vehicle includes a public service vehicle, a goods carriage, an educational institution bus or private service vehicle;

3. Light motor vehicle includes a transport vehicle or omnibus the gross vehicle weight of either of which or a motor car or tractor or road-roller the unladen weight of any of which, does not exceed 7,500 kilograms;

4. Medium goods vehicle includes any goods carriage other than a light motor vehicle or a heavy goods vehicle;

5. Heavy goods vehicle includes any goods carriage the gross vehicle weight of which, or a tractor or a road roller the unladen weight of either of which, exceeds 12,000 kilograms.

Space for passport size photograph (Upload the photo for online application of the size not more than 50 KB)
2. Personal details of the Applicant (in Capital Letters)

<table>
<thead>
<tr>
<th>Details of Aadhar card, if already available with the applicant.</th>
<th>Aadhar Card number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Details of Aadhar application number if applied.</td>
<td>Aadhar Card application number</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Gender (Tick )</th>
<th>Male</th>
<th>Female</th>
<th>Transgender</th>
<th>Date of Birth: (dd/mm/yyyy)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Educational Qualification</th>
<th>Blood Group</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Email (optional)</th>
<th>Mobile number</th>
</tr>
</thead>
</table>

| Landline Number (optional) | |
|-----------------------------||

3. Name of (Tick )

<table>
<thead>
<tr>
<th>Father</th>
<th>Mother</th>
<th>Husband</th>
<th>Guardian</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
</tr>
</thead>
</table>

4. Address (proof to be enclosed, in case of New Learner’s Licence or New Driving Licence or Change of Address)

<table>
<thead>
<tr>
<th>Present Address (shall be printed on Licence)</th>
<th>Permanent Address (Only if different from Present Address)</th>
</tr>
</thead>
<tbody>
<tr>
<td>House/Door/Flat No</td>
<td></td>
</tr>
<tr>
<td>Street/Locality/Police Station</td>
<td></td>
</tr>
<tr>
<td>Location/Landmark</td>
<td></td>
</tr>
<tr>
<td>Village/Town</td>
<td></td>
</tr>
<tr>
<td>SubDist/Taluk/Mandal</td>
<td></td>
</tr>
<tr>
<td>District</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td></td>
</tr>
<tr>
<td>Pin code</td>
<td></td>
</tr>
</tbody>
</table>
5. In case of request for Addition of a Class of Vehicle in Transport Category, please fill the following:

<table>
<thead>
<tr>
<th>Driving School Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrollment number in the Driving School</td>
<td></td>
</tr>
<tr>
<td>Enrollment date in the Driving School</td>
<td></td>
</tr>
<tr>
<td>Certificate number issued by the Driving School</td>
<td></td>
</tr>
<tr>
<td>Certificate date as issued by the Driving School</td>
<td></td>
</tr>
<tr>
<td>Training period in the Driving School From date To date</td>
<td></td>
</tr>
</tbody>
</table>

6. Particulars of existing Licence (Learner’s or Permanent)

<table>
<thead>
<tr>
<th>Licence Number</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Class of Vehicle(s)</td>
<td></td>
</tr>
<tr>
<td>Name of the Licencing Authority which issued the Licence</td>
<td></td>
</tr>
<tr>
<td>Validity Period From date To date</td>
<td></td>
</tr>
</tbody>
</table>

7. List of Documents attached (Please refer to the attached annexure and tick)

**DECLARATION**

I am willing to donate my organ/tissue in case of death **YES/NO**

I declare that the facts stated above and documents submitted are true and genuine to the best of my knowledge and belief. I also state that I have/ have not been disqualified from holding a Driving Licence.

Date: ____________________________ Signature of the Applicant ____________________________

**Declaration** Under sub-section (2) of section 7 of the Motor Vehicles Act, 1988

Shri/Smt./Kumari ____________________________ Son/daughter of ____________________________

who is a minor is under my care and I accept responsibility for his/her driving. If at a later date I decide not to accept

I shall inform the licensing authority in writing for the cancellation of the licence. I give my consent for his / her obtaining the

Name of the parent / guardian:

Relationship with the applicant:

Signature of the parent / guardian ____________________________
1. The applicant is exempted from production of a medical certificate under Rule 6 of the Central Motor Vehicles Rules, 1989; Learner’s licence may be issued. YES/NO

2. The applicant is exempted from the Preliminary Test under sub-rule (2) of Rule 11 of the Central Motor Vehicles Rules, 1989; Learner’s licence may be issued. YES/NO

3. Preliminary Test to check adequate knowledge and understanding of the matters namely traffic sighs, traffic signals, duties of driver in case of his vehicle being involved in an accident, or documents to be carried while driving etc., Sub-rule (1) of Rule 11 of the Central Motor Vehicles Rules, 1989

<table>
<thead>
<tr>
<th>Date of Test</th>
<th>Result</th>
<th>Testing Authority</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pass / Fail / Absent/ Exempted</td>
<td></td>
</tr>
</tbody>
</table>

Driving Test (Rule 15 of the Central Motor Vehicles Rules, 1989)

<table>
<thead>
<tr>
<th>Date of Test</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pass / Fail</td>
</tr>
</tbody>
</table>

The Learner’s licence / Driving Licence is

<table>
<thead>
<tr>
<th>Issued</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ANNEXURE

LIST OF DOCUMENTS TO BE SUBMITTED OR UPLOADED BY THE APPLICANT

Proof of Address and Age. (Select only one if the proof is common for Address and Age)

1. Aadhar Card
2. Electoral Roll
3. Life Insurance Policy
4. Passport
5. School Certificate
6. Birth Certificate
7. Pay slip issued by any office of the State Government or Central Government or a local Body
8. Affidavit sworn before an Executive Magistrate or Notary Public or First Class Judicial Magistrate
9. A certificate granted by a Registered Medical Practitioner not below the rank of Civil Surgeon as to the age of the applicant
10. Any other document or documents as may be specified by State Government (Please refer Annexure “A”)

Other documents to be enclosed or uploaded if applicable

1. Self Declaration for Physical Fitness in Form – 1
2. Medical Certificate in Form- 1A (to be provided if the applicant is applying for renewal and is above 40 years of age or applying for Transport Licence)
3. Driving Certificate issued by Driving School or Establishments in Form 5
4. Parent or Guardian Declaration in case of applicant who is a minor
5. Photograph
6. Valid proof of passport and visa (for International Driving Permit only)
7. Proof of legal presence in India in addition to proof of residence in case of Foreigners
8. Other documents, if any
9. The copy of police complaint made (in case the Driving Licence was lost or mutilated or defaced or damaged, lost).

10. For change of name -
    (a) Existing name _______________________
    (b) Name to be changed as _______________________
    (c) Documents enclosed:
        (i) Affidavit sworn before a First Class Judicial Magistrate or a Notary Public
        (ii) Marriage certificate
        (iii) Copy of newspaper advertisement
CMV FORM 1
Application –cum-declaration as to the physical fitness

1. Name of the applicant : 

2. Son/ wife/ daughter of : 

3. Permanent address : 

4. Temporary address
   Official address (if any) : 

5. (a) Date of birth
   (b) Age on date of application : 

6. Identification marks (1) 
   (2) 

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 license 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

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.
CMV Form 1-A

Medical Certificate

[to be filled in by a registered medical practitioner appointed for the purpose by the State Government or person authorised in this behalf by the State Government referred to under sub-section (3) of Section 8]

1. Name of the applicant:

2. Identification marks:
   (1)
   (2)

3. (a) Does the applicant to the best of your judgment suffer from any defect of vision? If so, has it been corrected by suitable spectacle?
   Yes / No

   (b) Can the applicant to the best of your judgment readily distinguish the pigmentary colours, red and green?
   Yes / No

   (c) In your opinion, is he able to distinguish with his eyesight at a distance of 25 metres in good daylight a motor car number plate?
   Yes / No

   (d) In your opinion, does the applicant suffer from a degree of deafness which would prevent his hearing the ordinary sound signals?
   Yes / No

   (e) In your opinion, does the applicant suffer from night blindness?
   Yes / No

   (f) Has the applicant any defect or deformity or loss of member which would interfere with the efficient performance of his duties as a driver? If so, give your reasons in details.
   Yes / No

   (g) ........................................

Optional

(a) Blood group of the applicant (if the applicant so desires that the information may be 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 applicant in Form 1 as to his physical fitness is attached.

Certificate of Medical Fitness

I certify that:

(i) I have personally examined the applicant Shri/ Smt./Kum ...........

(ii) That while examining the applicant I have directed special attention to his / her distant vision,

(iii) While examining the applicant, I have directed special attention to his / her hearing ability, the conditions of the arms, legs, hands and joints of both extremities of the applicant, and

(iv) I have personally examined the applicant for reaction time, side vision and glare recovery (applicable in case of persons applying for a licence to drive goods carriage carrying goods of dangerous or hazardous nature to human life.)

and, therefore, I certify that, to the best of my judgment, he is medically fit / not fit to hold a driving licence.

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


-----------------------------------

Signature:

Space for passport Size photograph of the applicant.

1. Name and designation of the Medical Officer / Practitioner the
   (Seal)

2. Registration Number of Medical Officer

Signature of thumb impression of the candidate .............

Date ;

Note : - The medical Officer shall affix his signature over the photograph affixed in such a manner that part of his signature is upon the photograph and part on the certificate.]
ANNEXURE-A

LIST OF DOCUMENTS TO BE SUBMITTED OR UPLOADED BY THE
APPLICANT

Proof of Address and Age (Select only one if the proof is common for address and Age)

1. PAN Card
2. Voter Card
3. Latest Telephone Bill (Landline/Post-Paid mobile Bill)-BSNL Only.
4. Rent Deed/Rent Agreement/Lease Deed (Registered with Sub-
Registrar of U.T., Chandigarh)
5. Income Tax Return of previous three years (Showing the address
with photocopy of PAN card duly certified by the CA or Income Tax
Department, Chandigarh Administration)
6. House Allotment letter issued by Chandigarh Administration
Departments/Local Bodies/Nationalized Banks and Government
Undertaking.
7. Ownership Letter/Transfer Letter issued by the Estate
Office/Chandigarh Housing Board/Municipal
Corporation,U.T.,Chandigarh
8. Senior Citizen Identity Card issued by the Social Welfare
Department, U.T., Chandigarh
9. Identity Card issued to the Ex-Servicemen, by the ZilaSainik
Board, U.T., Chandigarh
10. Marriage Certificate issued by the Registrar of Marriages, U.T.,
Chandigarh
11. Residence Certificate issued by SDM, U.T., Chandigarh
12. Certificate issued by the Hostel Wardens in case of student residing
in Hostels with Identity-card photocopy
13. Parent’s address proof in case of applicant is minor/dependent only

NOTE: Please bring the original documents whose attested photocopies
have been attached with the file.

The Life Insurance Policy will be accepted issued by LIC
only. (At least 6 months old with latest receipt of payment
showing next due date of payment).