

Sr. No.

₹ 50/-*

Registering & Licensing Authority



U.T., CHANDIGARH

RENEWAL OF DRIVING LICENSE FROM OTHER STATE

*Note : This is a downloaded File. In order to deposit the same, the applicant has to collect the 'File receipt' from the R&LA File Sale Counter after depositing the concerned File Fee.

Name

Address

Ph./Mobile No.

Inquiry Contact No.: 0172-2700341
Official Website: www.chdtransport.gov.in

INDIAN RED CROSS SOCIETY
U.T., CHANDIGARH BRANCH

RENEWAL OF DRIVING LICENCE FROM OTHER STATE PROCEDURE

Step	Process
Step 1	<p>Purchase this File from the R&LA File Sale Counter</p> <p style="text-align: center;">OR</p> <p>Download this File / requisite Forms from the official website of Transport Department, Chandigarh Administration - www.chdtransport.gov.in</p>
Step 2	Read the instructions mentioned in the File/Forms carefully
Step 3	Complete and attach all the required Forms/Documents as per the Checklist [See Page No. 2 for the Checklist of all Forms/Documents]
Step 4	Submit the file at the concerned counter at the R&LA office to issue notice for the confirmation/ genuineness of the NOC of Driving Licence from the Issuing Authority
Step 5	On receiving of the confirmation/ genuineness of the NOC of DL from the Issuing Authority OR after completion of 21 days from the date of issue of notice, Submit your file at the concerned counter at the R&LA office, and take back the file after orders of the Branch Incharge
Step 6	Submit your complete file & fees at the concerned DL counter at the R&LA office and collect your Fee Receipt [See Page No. 3 for File Submission location & timings] [Refer - www.chdtransport.gov.in for the Fee Structure]
Step 7	Your Driving License (DL) will be dispatched to you via Speed Post , and delivered at your given address.

DISCLAIMER

All instructions mentioned in this file, including the procedure, checklist, locations, timings & fees are indicative in nature and meant to assist the applicants. However these are subject to change from time to time as per orders of the competent authority.

CHECK LIST

Sr. No.	Form/ Document	Page No.
1	Form No. 9 (Application for renewal of driving licence)	4
2	Form No. 1 & 1A (Application-cum-Declaration as to physical fitness & Medical Certificate for obtaining Learner's/ Driving Licence)	5-6
3	Form No. 4 (Application for licence to drive a motor vehicle)	8
4	Driving Licence (In original)	11
5	NOC of Driving Licence from other state (In original)	12
6	Copy of Address Proof (Instructions)	13
7	Copy of Address Proof (Self Attested)	14
8	Affidavit for Address Proof (If applicable)	15

I hereby certify that I have enclosed all the above-mentioned documents correctly to the best of my knowledge and that nothing has been concealed by me.

(Signature of the applicant)

Dated:

NOTE - Please bring the original documents whose attested photocopies have been attached with the file. In case of other state Driving Licence, confirmation is required from the concerned Issuing Authority.

GENERAL INSTRUCTIONS

FILE SUBMISSION

The location and timings for file submission are as follows:-

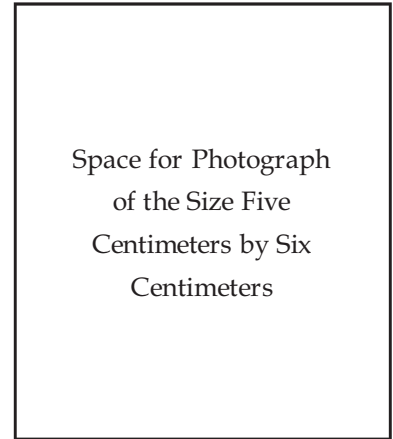
LOCATION	TIMINGS
Registering & Licensing Authority Office, Near Municipal Corporation, Sector 17, Chandigarh	9:00 AM to 1:00 PM & 2:00 PM to 4:00 PM (Monday to Friday)

SENIOR CITIZENS/DEFENCE PERSONNEL/HANDICAPPED

For the convenience of Senior Citizens/Defence Personnel/Handicapped Persons, the and File Submission can be done on **Saturdays** (except Gazetted Holidays) at the following location and timings:-

LOCATION	TIMINGS
Registering & Licensing Authority Office, Near Municipal Corporation, Sector 17, Chandigarh	10:00 AM to 1:00 PM (Saturday)

FORM 9
 [See Rule 18(1)]
FORM OF APPLICATION FOR THE RENEWAL OF DRIVING LICENCE



I, Shri / Smt. / Kumari Son / Wife /
 daughter of hereby apply for the renewal of my
 driving license which is attached and particulars of which are as follows:-

- (a) Number
- (b) Date of issue
- (c) Licensing authority by which the
 license was issued
- (d) Licensing authority by which the
 license was last renewed
- No. and date of renewal
- (e) Class of vehicles authorized to be driven
- (f) Date of expiry of licence to drive
- i) transport vehicle
- ii) vehicles other than transport vehicles

My present address is

.....

.....

If this address is not entered on the license, I do/do not wish that it should be so entered.

If the license is not attached, reasons why it is not available ?

.....

.....

If the license was not renewed within thirty days of the date of expiry, reasons for delay

.....

The renewal of license has not been refused by any licensing authority.

I have not been disqualified for holding or obtaining a driving license. My license has not been revoked.

I enclose a medical fitness certificate in [Form 1A].

I enclose three copies of my recent photographs (5 cms. by 6 cms.)

I have paid the fee of Rs.

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

Dated

.....

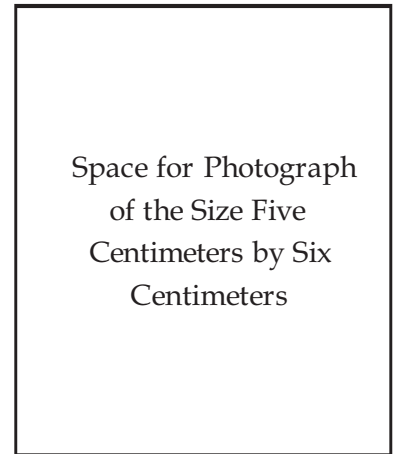
Signature or thumb impression of applicant

Name

Address

.....

FORM 1
[See Rule 5 (2)]
APPLICATION-CUM-DECLARATION AS TO PHYSICAL FITNESS



(TO BE FILLED IN BY THE APPLICANT)

- 1. Name
- 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 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 of 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 so 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

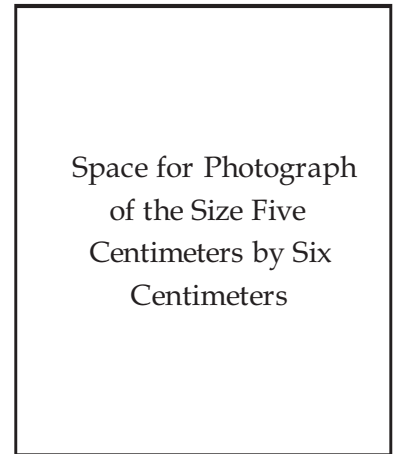
I hereby declare that, to the best of my knowledge and belief, the particulars given above and the declaration made therein are true.

(Signature or thumb impression of the Applicant)

Notes - (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 1A.

FORM 1A
[See rules 5 (1), (3), 7, 10(a), 14(d) and 18(d)]
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 judgement, suffer from any defect of vision ? If so, has it been corrected by suitable spectacles. 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 day light 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 I 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 condition of the arms, hands and joints of both extremities of the applicant; and

(iv) I have personally examined the application 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

- 1. Name and designation of the Medical Officer/Practitioner

(seal)

- 2. Registration number of Medical Officer

.....

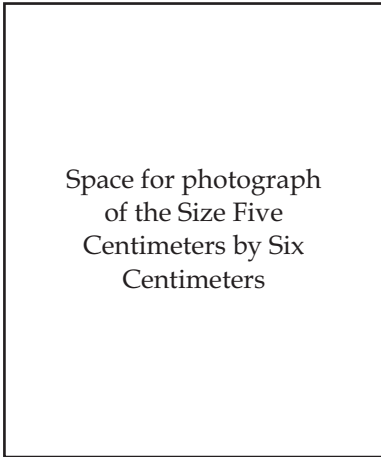
Date

Signature or thumb impression of the candidate.

[Note 1.] 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.]

[2. Dumb persons without deafness may be granted a valid certificate of driving licence for non-transport vehicle.]

FORM 4
[See Rule 14(1)]
**FORM OF APPLICATION FOR LICENSE
TO DRIVE A MOTOR VEHICLE**



To

The Licensing Authority,

.....

.....

I apply for a license to enable me to drive vehicles of the following description :-

- (a) Motor cycle without gear
- (b) Motor cycle with gear
- (c) Invalid carriage
- (d) Light motor vehicle
- (e) Transport vehicle
- (f) Road roller
- (g) Motor vehicles of the following description, namely

PARTICULARS TO BE FURNISHED BY APPLICANT

- 1. Full Name
- 2. Son/wife/daughter of
- 3. Permanent address
- (Electoral Roll/Life Insurance Policy/Passport/
Pay slip issued by any office of the Central
Government/State Government or a local body/
Any other document or documents as may be
prescribed by the State Government/ Affidavit
sworn before an Executive Magistrate or a First
Class Judicial Magistrate or a Notary Public to
be enclosed)
- 4. Temporary address / Official address if any
- 5. Duration of stay at the present address
- 6. Date of birth
- (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
- 8. If place of birth outside India, when
migrated to India
- 9. Educational Qualification
- 10. Identification mark(s)
 - 1.
 - 2.

- 12. Blood group
RH (Rhesus) factor
- 13. Have you previously held driving licence ?
If so, give details.
- 14. Particulars and 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 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
1.			
2.			
3.			
4.			

- 17. I enclose three copies of my recent photograph of the size five centimeters by six centimeters (where laminated card is used no photographs are required).
- 18. I enclose the learner's licence No. Dated issued by the licensing authority.
- 19. I enclose the driving certificate No. Dated issued by
- 20. I have submitted along with the application for learner's license 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 Central Motor Vehicles Rules, 1989.
- 23. I am exempted from preliminary test under rule 11(2) of the Central Motor Vehicles Rules, 1989.
- 24. I have paid the fee of Rs.

Note :- Strike out whichever is inapplicable.

Date

.....
Signature or thumb impression of Applicant

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 (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 scrutinize the application and intimate the application 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 an appointed date along with the documents for further verification submission of application fee and examination of the applicant.

DRIVING LICENCE

(In Original)

(PASTE HERE)

NOC of Driving Licence from other state

(In Original)

(PASTE HERE)

COPY OF ADDRESS PROOF **(INSTRUCTIONS)**

Attach on the next page **any one** of the following documents for Address Proof:-

A) Address Proof as per Motor Vehicles Act, 1988 (Self attested)

1. Electoral Roll (Certified copy issued by the Election Department, Chandigarh Administration)
2. Life Insurance Policy (At least 6 months old with latest receipt of payment)
3. Valid Passport
4. Pay slip/Employer Certificate showing address with official stamp, dispatch number & date (In original) along with Identity Card issued by any office of the Central or State Government or a local body/Nationalized Bank/Government Undertaking

OR

B) Address Proof other than those stated in the Motor Vehicles Act, 1988 (Alongwithan Affidavit duly attested by an Executive Magistrate/ First Class Judicial Magistrate/ Notary Public)

1. Voter Card
2. Aadhar 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 the Chandigarh Administration/ Government Department/Local body/Nationalized Bank/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
14. Certificate of Registration of Firm/VAT Certificate issued by the Sales Tax Department showing address/ VAT Form 4/Service Tax certificate issued by the Excise & Custom Department, Chandigarh

COPY OF ADDRESS PROOF

(Self Attested)

(PASTE HERE)

Judicial
Stamp

AFFIDAVIT FOR ADDRESS PROOF
(IF APPLICABLE)
(SPECIMEN)

Applicant
latest
photo
attested

I/We S/o
R/o Chandigarh do hereby solemnly affirm and declare
as under:-

1. That I/we have enclosedas the address proof.
2. That I/we do not have any other address proof i.e., Passport, LIC, etc. except the above stated document.
3. That the enclosed address proof is true and genuine and I/we shall be fully responsible for submitting any fake document.

DEPONENT

Verification :

Verified that the application is correct to the best of my knowledge and belief and that nothing has been concealed by me. In case of any concealment or misrepresentation, legal action may be taken against me. Such action can be taken under Sections 182 & 415 of IPC read with Sections 417 & 420 of IPC as the case may be.

DEPONENT

**** For office use only ****

OBJECTIONS

A) The following Forms/Documents have NOT been attached/completed in the file:

Sr. No.	Form/ Document
1	
2	
3	
4	
5	
Any other objections/ observations:	

(Signature of the Data Entry Operator)

Dated:

OR

B) Certified that I have checked the file and the same is fit for submission.

(Signature of the Data Entry Operator)

Dated:

Branch Incharge

ट्रैफिक नियमों का पालन करें

Obey Traffic Rules

यातायात संकेत

ROAD SIGNS



आदेशात्मक
MANDATORY

रुकिये STOP	रास्ता दीजिये GIVE WAY	प्रवेश निषेध NO ENTRY	आने का रास्ता ONE WAY	दोनों वाहन प्रवेश निषेध VEHICLES PROHIBITED IN BOTH DIRECTIONS	सभी वाहन प्रवेश निषेध ALL MOTOR VEHICLES PROHIBITED	ट्रक प्रवेश निषेध TRUCK PROHIBITED	बैलगाड़ी, हथगाड़ी प्रतिषेधित BULLOCK CART & HAND CART PROHIBITED	बैलगाड़ी, प्रतिषेधित BULLOCK CART PROHIBITED	तांगा प्रवेश निषेध TONGA PROHIBITED	हथगाड़ी प्रवेश निषेध HAND CART PROHIBITED					
साइकिल प्रवेश निषेध CYCLE PROHIBITED	पैदल यात्रा प्रवेश निषेध PEDESTRIAN PROHIBITED	दायें मोड़ निषेध RIGHT TURN PROHIBITED	बायें मोड़ निषेध LEFT TURN PROHIBITED	यू मोड़ निषेध U TURN PROHIBITED	ओवर टैक करना मना है OVERTAKING PROHIBITED	हॉर्न बजाना मना है HORN PROHIBITED	गति सीमा SPEED LIMIT	चौड़ाई सीमा 2 मी. WIDTH LIMIT 2m.	ऊँचाई सीमा 3.5 मी. HEIGHT LIMIT 3.5m.	एक्सल भार क्षमता 4 टन AXLE LOAD LIMIT					
लंबाई सीमा LENGTH LIMIT	पार्किंग निषेध NO PARKING	रुकना मना है NO STOPPING	हॉर्न बजाइये COMPULSORY SOUND HORN	बायें मोड़ COMPULSORY TURN LEFT	सीधे जाएं COMPULSORY AHEAD ONLY	दायें मोड़ COMPULSORY TURN RIGHT	सीधे या दायें मुड़े COMPULSORY AHEAD OR TURN RIGHT	सीधे या बायें मुड़े COMPULSORY AHEAD OR TURN LEFT	बायें रहिये COMPULSORY KEEP LEFT	साइकिल मार्ग COMPULSORY CYCLE TRACK					
भार क्षमता 5 टन LOAD LIMIT															



चेतावनी
WARNING

दायें मोड़ RIGHT HAND CURVE	बायें मोड़ LEFT HAND CURVE	(दायें) हेयरपिन मोड़ (RIGHT) HAIR PIN BEND	(बायें) हेयरपिन मोड़ (LEFT) HAIR PIN BEND	(दायें) टेढ़मेड़ा मोड़ (RIGHT) REVERSE BEND	(बायें) टेढ़मेड़ा मोड़ (LEFT) REVERSE BEND	चौराहा CROSS ROAD	(बायें) खड़ी सड़क (दायें) खड़ी सड़क (LEFT) SIDE ROAD (RIGHT) SIDE ROAD	मुख्य सड़क दोनों ओर T-INTERSECTION	गोल घुमकर जाएं ROUND ABOUT	खतरनाक खाई DANGEROUS DIP	स्पीड ब्रेकर SPEED BREAKER	गार्डेड रेलवे क्रासिंग GUARDED RAILWAY CROSSING	विद्यालय SCHOOL	आदमी काम पर MEN AT WORK	गिरती चट्टान FALLING ROCKS	नाव घाट FERRY	चढ़ाई STEEP ACCENT	उतार STEED DESCENT	संकीर्ण पुल NARROW BRIDGE	आगे संकीर्ण सड़क NARROW ROAD AHEAD	आगे चौड़ी सड़क ROAD WIDEN AHEAD	डिवाइडर के बीचकट है GAP IN MEDIAN	ऊबड़-खाबड़ सड़क HUMP OR ROUGH ROAD	आगे बैरियर है BARRIER AHEAD	घोड़ा HORSES	गार्डेड रेलवे क्रासिंग GUARDED RAILWAY CROSSING
वाई तिरछी सड़क Y INTERSECTIONS	दोनों तरफ तिरछी सड़क STAGGERED INTERSECTIONS	आगे मुख्य सड़क MAJOR ROAD AHEAD	आपूर्ति मार्ग SUPPLY ROAD	फिसलन भरी सड़क LOOSE GRAVEL	साइकिल क्रॉसिंग CYCLE CROSSING	बैल CATTLE	पैदल यात्री क्रॉसिंग PEDESTRIAN CROSSING	दोहरे मार्ग का अंत DUAL CARRIAGE WAY ENDS																		



सूचनात्मक
INFORMATORY

सार्वजनिक दूरभाष PUBLIC TELEPHONE	पेट्रोल पंप PETROL PUMP	अस्पताल HOSPITAL	प्राथमिक चिकित्सा केन्द्र FIRST AID POST	खाने की जगह EATING PLACE	जलपान LIGHT REFRESHMENT	विश्राम स्थल RESTING PLACE	बाजू से रास्ता नहीं NOT THROUGH SIDE ROAD
सड़क नहीं है NO THROUGH ROAD	दायें ओर पार्किंग PARKING THIS SIDE	दोनों तरफ पार्किंग PARKING BOTH SIDES	दू व्हीलर पार्किंग SCOOTER AND MOTOR CYCLE STAND	साइकिल स्टैंड CYCLE STAND	टैक्सी स्टैंड TAXI STAND	ऑटो रिक्शा स्टैंड AUTO-RICKSHAW STAND	साइकिल रिक्शा स्टैंड CYCLE RICKSHAW STAND

सड़क पर लगे मार्ग संकेत आपके मार्गदर्शक हैं
सदैव उनका पालन करें। वे आपकी सुरक्षा के लिये हैं

ROAD SIGNS GUIDE YOU ON THE ROAD.
ALWAYS FOLLOW THEM. THEY ARE FOR YOUR SAFETY.

Printed at : **BANSAL GRAPHICS**

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