



FORM 9
[See Rule 18(1)]

Please produce your
Membership Card
W.I.A.A.
M/Ship No. _____

Form of application for the Renewal of Driving Licence

MEDICAL ON FORM 1-A

2 EXTRA PHOTOS

Please furnish Xerox Copy
of any one

- (1) Passport
- (2) Election Card
- (3) Pan Card

Space for
Passport Size
Photograph

1. Shri / Smt. / Kumari _____

son / wife / daughter of _____
hereby apply for the renewal of my driving licence which is attached and
particulars of which are as follows :

- (a) Number _____
- (b) Date of issue _____
- (c) Licensing Authority by which
the licence was last renewed _____
- (d) Licensing Authority by which
the licence was last renewed
Number and Date of Renewal _____
- (e) Class of vehicles authorised
to be driven _____
- (f) Date of expiry of licence to drive _____
 - (i) Transport Vehicles _____
 - (ii) Vehicle other than Transport
Vehicles. _____

My present address is _____

2
1
If this address is not entered on the licence, I do / do not wish that is should be so entered.

If the licence is not attached, reason why it is not available _____

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

The renewal of licence has not been refused by Licensing Authority.

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 My licence has not been revoked.

I enclose a Medical Fitness Certificate in Form 1-A.

I enclose three copies of my recent Passport size Photograph.

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.

Date _____

X
Signature or thumb impression
of the applicant

Name _____

Address _____

Note : Please furnish a Xerox Copy of Age proof with its Original.



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FORM 1
[See Rule 5(2)]

Please produce your M/ship Card
W.I.A.A. M/Ship No. _____

Application Cum - Declaration as Physical Fitness
(TO BE FILLED IN BY THE APPLICANT)

1. Name of the applicant _____
2. Son / Wife / Daughter of _____
3. Permanent address _____
4. Temporary address _____
Official address (if any) _____
5. Date of Birth _____
6. Identification Marks (1) _____
(2) _____

Declaration :

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| (a) Do you suffer from epilepsy, or from sudden attacks of loss of consciousness or 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 light motor vehicles other than a transport vehicle fitted with an out side mirror (on the steering wheel side) or with one eye, at a distance of 25 meters 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 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 a hearing aid) the ordinary sound signal? | Yes / No |
| (g) Do you suffer from any diseases 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.

X

(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 answer with full particulars and may be required to give further information relating hereto.

(2) This declaration is to be submitted invariably with medical in Form 1-A

(P.T.O.)

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FORM I - A

[See rules 5 (1), (3), 7, 10 (a), 14 (d) and 18 (d)]

Medical Certificate

To be filled in by a registered medical practioner 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 judgement readily distinguish the pigmentary
colours, red & green ? Yes / No
- (c) In your opinion, is he able to distinguish with his eye sight a distance of 25 meters 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 memory which would interfere with the
efficient performance of his duties as a driver ? If so, give your reasons in details ? Yes / No

OPTIONAL

- (a) Blood group and RH Factor (If the Applicant so desire that the information
May be noted in his driving licence

Declaration made by the applicant in the form 1 as to his physical fitness is attached.

I certify that I have personally examined the applicant _____ I also certify that while
examining the applicant I have directed special attention to the distant vision and hearing ability, the condition of the
arms, legs hands and joints of both extremities of the candidate to and best of my judgement he is medically fit / not to
hold a driving licence.

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

Space for
Passport Size
Photograph
of the applicant

1. Name and Designation of the
Medical Officer / Practioner
2. Registration Number of the
Medical Officer

Signature

(Seal)

Date

M.B.B.S. DOCTOR AND ABOVE

THE MEDICAL OFFICER SHALL AFFIX HIS SIGNATURE OVER THE PHOTOGRAPH AFFIXED
IN A MANNER THAT IS UPON THE PHOTOGRAPH AND PART ON THE CERTIFICATE AND
ADDRESS AND REGISTRATION NUMBER OF THE MEDICAL OFFICER.

5

W.I.A.A. Membership No. _____

Please Furnish
Xerox Copy of any one
(1) Passport
(2) Election Card
(3) Aadhaar Card



Please affix
Passport
Size
Recent
Photograph

APPLICATION FOR RENEWAL / DUPLICATE / CHANGE OF ADDRESS

(TO BE FILLED IN BLOCK LETTERS ONLY)

1. NAME : _____
2. FATHER / HUSBAND NAME : _____
3. ADDRESS : _____

4. DATE OF BIRTH : _____ BLOOD GROUP : _____
5. MDL LIC. NO.: _____ TEL. NO. : _____
DATE OF ISSUE : _____ MOBILE NO. : _____
6. CLASS : _____
7. ENDORSEMENT DATE & CLASS : _____
8. VALIDITY : _____ NT TR

I HEREBY DECLARE THAT MY MDL IS NOT IMPOUNDED BY ANY AUTHORITY AND ABOVE INFORMATION FURNISHED BY ME IS TRUE AND CORRECT.

X

SUBMITTED

APPLICANT'S SIGNATURE

AS PER RECORDS

1. THE ABOVE PARTICULARS ARE TRUE.
2. THE SIGNATURE SEEMS TO TALLT.
3. MDL NOT WANTED.
4. APPLICANT HAS PAID NECESSARY FEES RS.

IN VIEW OF ABOVE MAY

1. IN LIEU OF BOOK LICENCE SMART CARD BE ISSUED.
2. DUPLICATE D.L. AS SMART CARD BE ISSUED.
3. D.L. RENEWED AS SMART CARD.
4. CHANGE OF ADDRESS BE NOTED.
(APPLICANT HAS PROVIDED ADDRESS PROOF AS PER CMVR - 4)

JR. CLERK.

SR. CLERK.

HEAD CLERK

ARTO.

To be filled only if the licence is a booklet.

6

Police Report for Lost of License
4 Photos
Rs. 350/-

Please produce your M/ship Card

[Spl - M. V. 69 e.]

W.I.A.A. M/Ship No. _____



MOTOR VEHICLES ACT. 1939
FORM LLD
(See Rule 12)

Intimation of Loss or Destruction of Driving Licence and application for Duplicate

To

The Licensing Authority _____

Name: _____

of (Permanent address) _____

and (Present address) _____

hereby report that driving Licence No. _____

issued by the Licensing Authority _____

on or about the _____ day of _____

has been lost / destroyed in the following circumstances :-

2. I hereby apply for a duplicate driving Licence and tender 250/- Rupees by Cash / Money Order / Cheque /Challan*

3. I attach **four clear copies** of a recent photograph of my self* _____

4. I further declare that my driving licence is not impounded by any authority.

5. I hereby declare that there have been *following/no endorsements by the Court since the day of last renewal/*grant

Date of endorsement

Court

Offence

Punishment

Date _____

X Applicant's Signature or Thumb-impression

X

(Duplicate signature or Thumb-impression)

X

(Duplicate signature or Thumb-impression)

(For use in the Office of the Licensing Authority)

PART I

* Duplicate of driving License No. _____ first granted of
_____ has been issued by me this _____

day of _____

* Application refused in letter No. _____ date the _____
_____ to the applicant giving reasons.

Dated _____

Licensing Authority _____

(* Strike out if inapplicable)