

**ORD.XIX of 1965 MOTOR VEHICLES
THE FIRST SCHEDULE**

Form D

[SEE SECTION 9]
**FORM OF APPLICATION FOR THE ADDITION OF A
NEW CLASS OF VEHICLE
TO A DRIVING LICENCE
NATIONAL IDENTITY CARD NUMBER**

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I hereby apply for the addition of the following class/classes of motor vehicles to the attached licence:-

- | | |
|---------------------|------------------------|
| (1) Motor cycle. | (2) Motor car. |
| (3) LTV. | (4) HTV. |
| (5) Motor Rickshaw. | (6) Tractor Agri. |
| (7) Tractor Comm. | (8) Motor Cab. |
| (9) Road-roller. | (10) Invalid carriage. |

1.Name

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2.Father/Husband Name

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3.Permanent address

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4. D.L. No.....Dated.....For.....
5. Date of BirthBlood Group.....
6. L.P. No.Dated.....
7. Valid upto.....for.....
8. Particulars and date of every conviction which has been ordered to be endorsed on only license _____ held by the applicant.
9. Have you been disqualified, for obtaining a _____ License to drive? If so for what reason.
10. 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 _____ testing authorities and result of test. _____

Declaration as to physical fitness of applicant.

11. The applicant is require to answer “Yes” or “No” in the space provided opposite each question.

(a) Do you suffer epilepsy or from sudden

- (b) Are you able to distinguish with each eye at a distance of 25 yards in good daylight (with glass if worn) a motor car number plate containing seven letters and figures? _____
- (c) Have you lost either hand or foot or you suffering from any defect in movement control or muscular power of either Arm or leg? _____
- (d) Do you suffer from colour blindness or night blindness? _____
- (e) Do you suffer from defect of hearing? _____
- (f) Do you suffer from any other disease or disability 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 belief the particulars given in section II and the declaration made in section III here are true.

Note: An application who answer "Yes" to question (b) and (c) in the declaration and "NO" to the other question may claim to be subjected to a test as to his competency to drive vehicle of a specified type or types.

The20 _____ Signature/Thumb Impression of Applicant

CERTIFICATE OF TEST OF ABILITY TO DRIVE

The applicant has passed in the test specified in the third schedule to Motor Vehicle Ord. 1965.

Failed

The test was conducted on (Veh No.) _____ date _____
at _____

Duplicate signature or thumb impression of applicant

Signature of testing authority

Endorsement has made vide No. _____ date _____ for _____ in DL No. _____ after necessary verifications.

Licensing Authority

**POLICE DEPARTMENT
DRIVING TEST RESULT SHEET**

Name of Applicant

Age..... Address

Previous experience

Type of vehicle for which license required

PART 1

The candidate shall satisfy the person conducting the test that he is able to:-

1	2	3	4	5	6	7	8	9	10
Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
NO	NO	NO	NO	NO	NO	NO	NO	NO	NO

(Strike off whichever (Yes or No) is not applicable)

	A Starting					B Stopping			C. Turning				
Examiner's	A-1	2	3	4	5	6	B-1	2	C-1	2	3	4	5
Initials													

D-Backing E Parking F Traffic G Signal

	D-Backing					E Parking			F Traffic			G Signal		
Examiner's	D-1	2	E-1	2	3	4	5	F-1	2	3	G-1	2	3	
Initials														

H Passing I Hills J Speed

Examiner's	H-1	2	3	4	5	6	I-1	2	3	J-1	2	3	4	5
Initials														

K- Attention L-Attituded towards other

Examiner's	K-1	2	3	4	J-1	2	3	4
Initials								

M- Miscellaneous

Examiner's	M-1	2	3	4	5	6	7	8	9	10	11	12	13
Initials													

Part II (Rules and Regulations)

81	82	83	84	85
Yes	Yes	Yes	Yes	Yes
No	No	No	No	No

(Strike off whichever (Yes or No) is not applicable)

- Traffic signs in North Schedule (Yes) (No) At least the question
- High way Code (Yes) (No.) to be out to the applicant.

PART III (Physical Fitness)

(a)	(b)	(c)	(d)
Yes	Yes	Yes	Yes
No	No	No	No

(Strike off whichever (Yes or No) is not applicable)

Examiner's Remarks :

I have examined Mr..... on..... Vehicle

He has Passed/Failed in the test.

Examiner's Signature

(With his full name and designation)

Dated