(FORM A)

FROM [SECTION 7 (2) OF THE MOTOR VEHICLE ORD. 1965] FORM OF APPLICATION FOR LICENSE TO DRIVE A MOTOR VEHICLE NATIONAL IDENTITY CARD NUMBER

					_										_					
	apply for a license to enable me to drive																			
	as a paid employee																			
	other than as a paid employee																			
01	Motor Cycle							02	,	M	otor	Car	ı							
03	LTV			04 HTV																
05	Motor Rickshaw 06 Tractor Agri																			
07	Tractor Comm							08	3	Motor Cab										
09	Road Roller							10)	In	valio	l Ca	rria	ge						
		1	1 Par	ticu	lars	to be	fur	nisł	nec	l by	an a	ippl	icar	nt						
1. F	ull Name			П		Т		T	Т	Т			Г							
317:53:07:00				Ш									_							
	ather									Т										
Hus	band Name		L	Ш			Ш			_		_	_		Ш			Ш	Ш	
3. P	ermanent Addres	ss																		
4. To	emporary Addres	ss																		
						Τ			T	T	T									
5. D	ate of Birth				В	lood	Gro	auc				Date	of	Apı	olic	ant				
	.P. No																			
	d upto																			
	articulars of any																			
D	ate of Apllicant _																			
8. P	articulars and da	te of	every	y co	nvict	tion v	whic	ch h	as											
beei	n ordered to be e	ndors	sed o	n th	e on	ly lic	ens	e h	eld	by										
the	applicant.																			
	9. Have you been disqualified, for obtaining a																			
	icense to drive? If so than give reason.																			

10.	abil driv	re you been subjected to a driving te ity to drive a vehicle in respect of wh re as applied for? If so than give date result of test.	nich a license to								
11.	11.	claration for the physical fitness of a The applicant is required to answe h question.		d opposite							
	(a)	[[] [[] [[] [] [] [[] [[] [] [] [[] [] [
	(b)	(1882년) 1 - 1881년 전, 1882년 전,									
		distance of 25 yards in good daylight (with spectacles if worn) a motor car number plate containing sevenletters and figures?									
	(c)	(c) Have you lost either hand or foot; or you are 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									
and t		clare that to the best of my informatic claration made in Section III here are	• • • • • • • • • • • • • • • • • • • •	Section II							
questi		e:- An applicant who answers "Yes" to que ay claim to be subjected to a test as to his									
The		20	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										
	the test was conducted on (vch no.) dated at										
		Duplicate signature or thumb impression of applicant	Signature of testing Authority								
Lies	nee N-			has							
		b dated _ he applicant after necessary verification	for	1185							
		WWW 155	<u> </u>								
			Licensing Authority								

FORM B

(SEE SECTION 7(3) AND SECTION (2)) NATIONAL IDENTITY CARD NUMBER

Form of Medical Certificate in respect of application for a license to drive any transport vehicle or to drive any vehicle as naid employee or otherviews:

TO	RE	EII I	ED	INI	RV	٨	DEC	121	TED	ED	MED	NIC	ΛI	DD	^	CTI	TIC	ME	5
\mathbf{L}	ВЕ	FILL	-EU	IIV	DI	А.	REU	110	LEK	ED	IVIEL	ж.	\mathbf{A} L	PK	A		110	JIVE	₹

	BE FILLED IN BY A REGIST									
1. 2.	What is apparent age of the a Is the applicant; to best of you subjected to epilepsy, vertigo	r judgment chronic ill-health								
3.	Does the applicant suffer from disorder which might effect the his/her duties as a driver?	any heart or lung								
4.	(A) Is there any defect of sigh	edness, if so, has								
	it been corrected by using su									
	(B) Does the applicant suffer from a degree of deafness which would prevent his/her hearing of ordinary sound signals?									
5.	Does the applicant has any de	formity or loss of								
	members, Which effects the p	erformance of								
	his/her duties as a driver?	8 7.								
6.	Does the applicant possess a	ny evidence of								
	being addicted to the excessi	e use of alcohol								
	tobacco or drugs?									
7.	In your opinion; he/she is gen	erally fit as								
	regards (a) bodily in health, a	nd								
	(b) eyesight?	-								
В.	Marks of identification.									
9.	Blood Group	·-								
	I certify that to the best of my	knowledge and belief the app	olicant							
	is the person h	ere as above described and	that the attached photograph							
	is a reasonably correct likene	ss.								
		SIGNATURE	n 							
	SPACE	NAME	<u> </u>							
	FOR	R.M.P NO								
	PHOTOGRAPH		NATIONAL IDENTITY CARD NO.							
	er programationed development publisher (deleta)									
		Date								
		LAIR								

(نوٹ) پیتمام فارم معہ شاختی کار ڈنمبر میڈیکل افسر تصدیق کنندہ کاقلمی ہونا ضروری ہے درخواست دہندہ اس فارم پر کچھ کلھنے کا مجاز نہ ہے