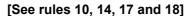
## FORM 2





Appl No:3647168923 Dt:20-09-2023

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

| The Licencing Authority ASST.RTO, PRATAPGARH                                                                                                                                                                                                                      |          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| Services applying for (Please Tick √ mark against single or multiple service, wherever applicable)                                                                                                                                                                |          |
| Issue of New Learner's Licence                                                                                                                                                                                                                                    | <b>✓</b> |
| Issue of New Driving Licence                                                                                                                                                                                                                                      |          |
| Addition of Class of Vehicle to Driving Licence                                                                                                                                                                                                                   |          |
| Renewal of Driving Licence                                                                                                                                                                                                                                        |          |
| Duplicate Driving Licence                                                                                                                                                                                                                                         |          |
| Change / Correction of Address in Driving Licence                                                                                                                                                                                                                 |          |
| Change / Correction of Name in Driving Licence                                                                                                                                                                                                                    |          |
| 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)                                                                                                                                                                                                                                      | <b>✓</b> |
| Light Motor Vehicle as <b>Non Transport</b> (LMV NTV)                                                                                                                                                                                                             | ✓        |
| Adapted Vehicle (vehicles for use by Divyang)                                                                                                                                                                                                                     |          |
| Medium or Heavy Goods or Passenger Vehicle as <b>Transport Vehicle</b>                                                                                                                                                                                            |          |
| 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 |          |
| Evalenation :                                                                                                                                                                                                                                                     | ·        |

#### xplanation :-

To,

- 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;
- 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;
- Medium goods vehicle includes any goods carriage other than a light motor vehicle or a heavy goods vehicle;
- Heavy goods vehicle includes any goods carriage the gross vehicle weight of which, or a tractor or a roadroller the unladen weight of either of which, exceeds 12,000 kilograms.

# 2. Personal details of the Applicant (in Capital Letters)

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| Details of Aadhar car applicant.                            | d, if already available                   | e with the                       | Aadhar Card number  Not Furnished                          |                                |                   |                 |  |
|-------------------------------------------------------------|-------------------------------------------|----------------------------------|------------------------------------------------------------|--------------------------------|-------------------|-----------------|--|
| Details of Aadhar app                                       | olication number if ap                    | pplied.                          | Aadhar Card application number                             |                                |                   |                 |  |
|                                                             | First Name                                |                                  | M                                                          | iddle Name                     |                   | Last Name       |  |
|                                                             | AYUSH                                     |                                  |                                                            |                                | TIWARI            |                 |  |
| Son/ wife/ daughter of Identification mark                  | RATNESH<br>CUT ON CHEEK<br>CUT ON THE FOI | REHEAD                           |                                                            |                                |                   | TIWARI          |  |
| Gender<br>(Tick √)                                          | Male Fema                                 | ale T                            | ransgender                                                 | Date of Birth:<br>(dd/mm/yyyy) |                   | 08-07-2003      |  |
| Educational<br>Qualification                                | Graduate in Non Medical S                 |                                  | Sciences Blood Group                                       |                                |                   | B+              |  |
| Email<br>(optional)                                         |                                           |                                  |                                                            | Mobile number                  |                   | XXXXXX6269      |  |
| Landline Number (op                                         | tional)                                   |                                  |                                                            |                                |                   |                 |  |
| 3. Name of(Tick √)                                          | Father <                                  |                                  | Mother                                                     | Husba                          | and               | Guardian        |  |
|                                                             | First Name                                |                                  | Mi                                                         | ddle Name                      |                   | Last Name       |  |
| RATNESH                                                     |                                           |                                  |                                                            |                                | TIWARI            |                 |  |
| 4. Address (proof to                                        | be enclosed, in ca                        | se of New Lea                    | rner's Licence o                                           | r New Driving Licence o        | or Char           | nge of Address) |  |
|                                                             |                                           | Present A                        | Present Address (shall be printed on Licence)  Permanent A |                                | Permanent Address |                 |  |
| House/Door/Flat No                                          |                                           |                                  |                                                            |                                |                   |                 |  |
| Street/Locality/Police Station Village- Shivpur Po- Shivpur |                                           | Po- Shivpur                      | Village- Shivpur Po- Shivpur                               |                                |                   |                 |  |
| Location/Landmark Kohdaur Pratapgarh Uttar Pradesh          |                                           | Kohdaur Pratapgarh Uttar Pradesh |                                                            |                                |                   |                 |  |
| Village/Town                                                | Shivpur Khurd Kala                        |                                  |                                                            |                                |                   |                 |  |
| SubDist/Taluk/Manda                                         | ıl                                        |                                  | Patti                                                      |                                |                   |                 |  |
| District                                                    |                                           |                                  | Pratapgarh Pratapgarh                                      |                                | Pratapgarh        |                 |  |
| State                                                       |                                           |                                  | Uttar Pradesh Uttar Pradesh                                |                                | Uttar Pradesh     |                 |  |
| Pin code 230401 230401                                      |                                           | 230401                           |                                                            |                                |                   |                 |  |



## 5. In case of request for Addition of a Class of Vehicle in Transport Category, please fill the following:

| To date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | e                                                                                                                                                                                                                                                                                                        |                        |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                          |                        |
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| To date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                          |                        |
| e a motor vehicle for<br>ve years and if the<br>r on the steering w<br>car number plate?<br>ontrol or muscular p                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | or a period of<br>e application is<br>rheel side) or<br>?<br>power of either                                                                                                                                                                                                                             | No<br>Yes<br>No<br>No  |
| tor vernole, with or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Without                                                                                                                                                                                                                                                                                                  | NO                     |
| r vehicle to be a so                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ource of danger                                                                                                                                                                                                                                                                                          | No                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                          |                        |
| the best of my kno                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                          | ef. I also state thatI |
| I through Aa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | adhaar aut                                                                                                                                                                                                                                                                                               |                        |
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| ush tiwar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                          | hentication            |
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| wsh liwar<br>Signature of t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                          |                        |
| Signature of the state of the s | the Applicant  Not Applic                                                                                                                                                                                                                                                                                |                        |
| r                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | To date  I Fitness  ness from any cause a motor vehicle five years and if the ron the steering we car number plate?  Introl or muscular tor vehicle, with or revehicle to be a second or the steering we can be control or muscular tor vehicle to be a second or revehicle to be a second or revehicle. |                        |

Relationship with the applicant: Not Applicable Signature of the parent / guardian

Not Applicable

Name of the parent / guardian:

# FOR OFFICE USE ONLY



Appl No:3647168923 Dt:20-09-2023

| <ol> <li>The applicant AYUSH TIWARI is exempted from production of a medical certificate under<br/>Rule 6 of the Central Motor Vehicles Rules, 1989;</li> <li>Learner's licence may be issued.</li> </ol> |                                                                                                                                                                    |              |                                 |     | YES/NO            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------------------------------|-----|-------------------|
| 2.                                                                                                                                                                                                        | <ol> <li>The applicant AYUSH TIWARI is exempted from the Preliminary Test under sub-rule (2) of<br/>Rule 11 of the Central Motor Vehicles Rules, 1989;</li> </ol>  |              |                                 |     | YES/NO            |
|                                                                                                                                                                                                           | Learner's licence may be issued.                                                                                                                                   |              |                                 |     |                   |
|                                                                                                                                                                                                           |                                                                                                                                                                    | +            |                                 |     |                   |
| 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 | Date of Test | Result (✓)                      |     | Testing Authority |
|                                                                                                                                                                                                           | involved in an accident, or documents to be carried while driving etc,. Subrule (1) of Rule 11 of the Central Motor Vehicles Rules, 1989  (Name:AYUSH TIWARI)      |              | Pass / Fail / Absen<br>Exempted | t/  |                   |
|                                                                                                                                                                                                           | Driving Test (Rule 15 of the Central Motor Vehicles Rules, 1989)                                                                                                   | Date of Test | Result Pass / Fa                | iil |                   |
| Th                                                                                                                                                                                                        | e Learner's licence / Driving Licence is                                                                                                                           | Issued       | Refused [                       |     |                   |

Signature of licensing authority (or other person authorised in this behalf)



## **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                                                                                  |  |
| Ot  | her 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 andvisa (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                                                                                                                    |  |