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ADDI ICATION	LEOD & DRIVING LICENCE
	FOR A DRIVING LICENCE
■ NEW LICENCE ■ DUPLICATE ■ RENEWAL	
APPLICANT'S DATA	
Name of Applicant:	
Father's / Husband's Name:	
Permanent Address:	
Present Address:	
Date of Birth:	N.I.C. No.
Education:	Occupation:
Previous Licence No:	Blood Group: Tel No:
Date of Issue:	Date of Expiry:
FOR FOREIGNERS ONLY	
Nationality	Passport Number:
Licence Required	
	Otherwise than as a paid employee
As paid employee - 1 Motor Cycle / Scooter	Otherwise than as a paid employee Belivery Van
2 Motor Car	 Light Transport Vehicle including / excluding PSV
3. Auto Rickshaw	8. Heavy Transport Vehicle / excluding PSV
4. Motor Cab	9. Tractors -
5. Invalid Carriage	10. Road Roller
Please answer the following:	
 Particulars and date of every convin 	
be endorsed on any licence, held b	y the applicant
Have you ever been disqualified for	r obtaining a licence to drive? if so for what reason?
 Have you been objected to a driving ability to drive a vehicle in respect. 	
is applied for?, if so give the testing	
Declaration of Physical Fitness of the Ap	pplicant:
a) Do you suffer from epileosy or from	sudden attacks of disabling glddiness or fainting?
	ch eye at the distance of 25 yards in good day light
	number plate containing seven numbers and figures?
	you suffering from any defect in movement
control or muscular power of either	
d) Do you suffer from colour blindness	
e) Do you suffer from a defect of hear	
	se or disability likely to cause your driving of motor vehicle
to be a source of danger to the pub	
declare that all the information provided above Note: An applicant whose answer "YES" to ques "NO" to the other question may claim to be subject of type of types.	is correct to the best of my knowledge. stion (B) and (E) in declaration and
	-

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