

FORM-A
 [Vide Section 7(1) of the Motor Vehicle Ord.1965]

Section-I
APPLICATION FORM FOR LICENSE TO DRIVE A MOTOR VEHICLE

I apply for a license enable me to drive

(a)As a paid employee

(b)Other than as a paid employee

A vehicle of the following description:-

- | | |
|---|--|
| 01 Motor Cycle <input type="checkbox"/> | 02 Motor Car <input type="checkbox"/> |
| 03 LTV <input type="checkbox"/> | 04 HTV <input type="checkbox"/> |
| 05 Motor Rickshaw <input type="checkbox"/> | 06 Motor Cab <input type="checkbox"/> |
| 07 Tractor Agriculture <input type="checkbox"/> | 08 Tractor Commercial <input type="checkbox"/> |
| 09 Road Roller <input type="checkbox"/> | 10 Invalid Carriage <input type="checkbox"/> |

SECTION-II

PARTICULARS TO BE FURNISHED BY THE APPLICANT

1. CNIC NO	
2. Full Name (in block letters)	
3. Father/ Husband Name	
4. Permanent Address	
5. Temporary Address	
6. Date of Birth..... Blood Group.....	
7. Learner Permit No(I).....(II)..... Dated.....	
Valid upto.....(For Vehicles).....	
8. Particulars of any license previously held by the applicant.....	
9. Particulars and date of every conviction which has been ordered to be endorsed on only license held by the applicant.....	
10. Have you been disqualified for obtaining a license to drive? If so, give date, testing authority and result of the test.....	

SPACE FOR PASTING DRIVING LICENSE TICKETS

SPACE FOR PASTING DRIVING LICENSE TICKETS

SECTION-III

DECLARATION AS TO PHYSICAL FITNESS OF THE APPLICANT.

**The applicant is required to answer "YES" or "NO"
in the space provided against each question**

- (a) Do you suffer from epilepsy or from sudden attacks of disabling giddiness or fainting?
- (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 /are you suffering from any defect in movement control or muscular power of either Arm or Leg?
- (d) Can you readily distinguish the pigimentary colours red and green?
- (e) Do you suffer from night blindness?
- (f) Do you suffer from a defect of hearing?
- (g) 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 to the best of my knowledge & belief that the particulars given in section-II and the declaration made in section-III hereof are true:

Note: An applicant who answers "Yes" to question (b) and (d) in the declaration and "No" to the other questions may claim to be subjected to a test as to his competency to drive vehicles of a specified type or types.

Dated
Signature/thumb impression of Applicant

CERTIFICATE OF TEST OF ABILITY TO DRIVE

The applicant has Passed/ Failed in the test specified in the Third schedule to the Motor Vehicle Ord. 1965
The test was conducted on (Veh. No.).....atdated.....

**Signature/thumb impression
of the Applicant**

**Signature of Testing
Authority**

**License No.....dated.....for.....
has been issued to the applicant after necessary verifications.**

**License Issuing
Authority**

(FORM B)

[See Section 7(3) and Section (2) of the Motor Vehicle Ord.1965]
NATIONAL IDENTITY CARD NUMBER

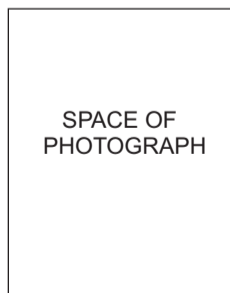
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Form of Medical(certificate in respect of application for a license to drive any transport vehicle or to drive any vehicle as paid employee or otherwise)

TO BE FILLED UP BY THE REGISTERED MEDICAL PRACTITIONER

1. What is the applicant's apparent age? _____
2. Is the applicant to the best of your judgement
 Subject to epilepsy, vertigo, chronic ill-health
 Likely to affect his efficiency? _____
3. Does the applicant suffer from any heart or
 Lung disorder which might interfere with the
 Performance of his duties as a driver? _____
4. (a) Is there any defect of vision. if so, has
 it been corrected by suitable spectacle? _____
- (b) Does the applicant suffer from a degree
 of deafness which would prevent his
 hearing of ordinary sound signals? _____
5. Does the applicant have any deformity or loss
 of members, which interfere, with the efficient
 Performance of his duties as a driver? _____
6. Does he show any evidence of being addicted
 to the excessive use of alcohol, tobacco or
 drugs? _____
7. Do you suffer from color blindness or
 night blindness? _____
8. Is he/she in your opinion generally fit as regards
 (a) Bodily in health, and (b) eyesight? _____
9. Marks of identifications _____
10. Blood Group _____

I certify that to the best of my knowledge and belief the applicant.....
is the person here as above described and that the attached photograph is a
 reasonably correct likeness.



Signature.....

Name.....

R.M.O No.....

Doctor's National Identity Card No.

					-									-	
--	--	--	--	--	---	--	--	--	--	--	--	--	--	---	--

Date.....

POLICE DEPARTMENT

CITY TRAFFIC POLICE

CONFIDENTIAL FORM

NOT TO BE DISCLOSED TO PUBLIC

DRIVING TEST RESULT SHEET

Name of applicant _____

Age _____ Address _____

Previous experience _____

Type of vehicle for which license is required _____

PART-I

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

Examiner's Initials	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

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

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

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

Examiner's Initials	K-Attention				L-Attitude towards other.				
	K-1	2	3	4	5	L-1	2	3	4

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

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 to be put to the applicant
- Highway code (Yes)(No)

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 at Vehicle.....

He has passed/ failed in the test.

Dated.....

Examiner's Signature
(With full name and designation)