FORM - 4

{ See Rule 14 (1) }

FORM OF APPLICATION FOR LICENCE TO DRIVE A MOTOR VEHICLE To,

The Licensing Authority Aizawl, Mizoram.

(-)	I apply for a licence to enable me to drive vehicles of the following description:		
(a)	Motor Cycle without gear	(g) PSV (Bus)	
(b) (c)	Motor Cycle with gear Invalid Carriage	(h) CNEQP (i) 3W - TSR	
(d)	Light Motor Vehicle NT/GV/CAB	(j) 3W - NT	
(u) (e)	Transport Vehicles (TRANS TR)	()/ 3W - WI	
(f)	Road Roller		
		1;	
	PARTICULARS TO BE FU	URNISHED BY APPLICANT	
1.	Full Name :		
2.	Son/Wife/Daughter of:		
3.	I enclosed Learner's Licence No.		
4.	Temporary address / Official address, if any :		
5.	Have you previously held driving licence? If so, give details:		
	•		
	y licence held by the applicant		
	· -	ing a licence to drive?If so, for what rea	
son?			
Date	: Sign	nature / thumb impression of applicant.	
	CEDTIEICATE OF TEST	OF COMPETENCE TO DRIVE	
	CERTIFICATE OF TEST	OF COMPETENCE TO DRIVE	
	The applicant has passed the test pr	escribed under rule 15 of the Central Motor	
Vehic	ele Rules, 1989. The test was conduct	ed on (here enter the registration mark and	
descr	iption of the vehicle	on(date)	
The applicant has failed in test (The details of the deficiency to be listed out).			
Date	:20	Signature of Testing Authority	
Duic		Full Name and Designation and Seal	