(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 as a paid employee other than as a pa | | | ne to d | irive | | | | |
|---|--------------|----------------|---------------------|--------------|------------------------|-------------|---|--|
| 1 Motor Cycle | | piojec | 02 | Motor | Car | | | |
| 3 LTV | | | 04 | HTV | | | | |
| 5 Motor Rickshaw | | | 06 | | r Agri | | | |
| 7 Tractor Comm | 08 Motor Cab | | | | | | | |
| 9 Road Roller 11 Par | ticular | s to be | 10 furnishe | | l Carriage applican | | | |
| . Full Name | П | | ПП | TÍT | TIT | | | |
| . ruii Name | ш | | $\perp \perp \perp$ | \perp | \perp | \perp | | |
| . Father | | | TTT | \top | \top | $\neg \neg$ | | |
| lusband Name | Ш | | | | | | | |
| Permanent Address | П | | TIT | \Box | | ТП | | |
| | | | | | | | | |
| F | | | | | | | | |
| | | | | | | | | |
| . Temporary Address | | | 111 | | | | | |
| | | | | \perp | | | | |
| | | | | | | | = | |
| | | | | 111 | | 111 | | |
| | | | | | | | - | |
| . Date of Birth | | | 3500 | | -600 | | | |
| . L.P. No | | | Date | | | | | |
| Valid upto | | | | for | | | | |
| . Particulars of any license | | | | | | | | |
| | | | | | | | | |
| Date of Applicant | | | | | - | | | |
| . Particulars and date of | every | convicti | on whic | h has | | | | |
| been ordered to be end | | | | | , | | | |
| the applicant. | | 0.011 (P1000)# | | 0-000000-000 | | | | |

| 10. | abil driv | e you been subjected to a driving tes ity to drive a vehicle in respect of wh e as applied for? If so give date testi ult of test. | ich a license to | |
|-------|--------------|---|--|---------------|
| | Dec | laration as to physical fitness of app | licant. | |
| 11. | The | applicant is required to answer "Yes | " or "No" in the space provided op | posite |
| | | h question. | | |
| | (a) | Do you suffer from epilepsy or fro | | |
| | | of disabling giddiness or fainting | ' ——— | |
| | (b) | Are you able to distinguish with ea | ach eve at a | |
| | 100 | distance of 25 yards in good dayli | | |
| | | worm) a motor car number plate c | 50.00000000000000000000000000000000000 | |
| | | letters and figures? | | |
| | (c) | Have you lost either hand or food | or you suffering | |
| | 1,000 | from any defect in movement cont | rol or muscular | |
| | | power of either Arm or leg? | | |
| | (d) | Do you suffer form colour blindne blindness? | ss or nigh | |
| | (e) | Do you suffer form defect of heari | ng? | 14 |
| | 70 | Do you suffer from any other disc. | ana ar dinabiltu | |
| | (f) | Do you suffer from any other dise: likely to cause your driving of a m | | |
| | | source of danger to the public? | otor vemere to be | |
| | | If so give particulars | | |
| | Lder | clare that to the best of my informat | ion and helef the particulars given | in section ti |
| and t | | laration made in section iii here are | | |
| may | | :-An applicant who answers "yes" to quest to be subjected to a test as to his comp | | |
| The | | 20 | Signature/thumb impression of | Applicant |
| 0.000 | | | | 0.000 |
| | | CERTIFICATE OF TES | T OF ABILITY TO DRIVE | |
| | | applicant has <u>passed</u> in the test specif failed | | |
| | the | test was conducted on (vch no.) | dated | |
| | at _ | | | |
| | | Duplicate signature or thumb | Signature of testing | |
| | | impression of applicant | Authority | |
| Lice | nse N | o. dated | for | has |
| | | the applicant after necessary verific | | |

Licensing Authority

FORM B

(See Section 7(3) and Section (2))
NATIONAL IDENTITY CARD NUMBER

| | Annual Company of the | | | | | | | | |
|-------|--|--|-------|-----------------|---------------|---------------|--------|--------|--------|
| /ahic | Form of Medical (certifical) le or to drive any vehicle a | 120 100 200 | | | | e to di | ive ar | ny tra | nsport |
| | no or to unive any venicle a | a para ampioyee ar e | | | | | | | |
| | TO BE FILLED UP BE | A REGISTERED MED | ICAL | PRAC | TITIONE | R | | | |
| | What is the applicant's a | | 100 | | | | | | |
| 2. | Is the applicant to b | | | | | | | | |
| | judgment subject to epil chronic ill-health likely t | | | | | | | | |
| | efficiency? | o anect ms | | | | | | | |
| 3. | Does the applicant suffe | r from any heart | _ | | | | | | |
| | or lung disorder which n | | | | | | | | |
| | with the performance of | | | | | | | | |
| | driver? | | | | | | | | |
| 4. | (A) Is there any defect of | f vision, if so, has | | | | | | | |
| | it has been corrected by | suitable spectacles | ? | | | | | | |
| | (B) Does is applicant sur | 0.00 to 1.00 to | | | | | | | |
| | of deafness which woul | The state of the s | | | | | | | |
| | hearing of ordinary sour | | | | | | | | |
| 5. | Does the applicant have loss of members, which | | | | | | | | |
| | effecient performance of | | | | | | | | |
| | driver? | i ilis duties as a | | | | | | | |
| 6. | Does he show any evide | nce of being | | _ | | | | | _ |
| | addicted to the excessiv | 1117A 150 12 13 13 13 14 15 15 15 15 15 15 15 | | | | | | | |
| | tobacco or drugs? | | | | | | | | |
| 7. | Is he/she in your opinior | generally fit as | | | | | | | - |
| | regards (a) bodily in hea | ith, and | | | | | | | |
| | (b) eyesight? | | | | | | | | |
| 3. | Marks of identification. | | | | | | | | |
|). | Blood Group | | | | | | | | |
| | I certify that to the bes | | | | | | | | |
| sar | easonably correct likene | on here as above de ss | scrib | ed an | d that t | he atta | ched | phot | ograpi |
| 7470 | | SIGNATURE | | | | | | | |
| | | SIGNATURE. | | | | | | | |
| | | NAME | | | | | | | |
| | SPACE | R.M.P NO _ | | C. 100. CO. 100 | uere como men | 1000000000000 | ***** | | |
| | OF | DOCTOR'S N | ATIO | NALI | DENITY | CARD | NO. | | |
| | PHOTOGRAPH | | | 188 | | | | П | |
| | | | | | | | | | |
| | | Date | | | | | | | |
| | | 10/20040-02/22 | | | | | | | |
| | | | | | | | | | |

(نوٹ) بیتمام فارم معدشانتی کارؤنبر میڈیکل افسر تصدیق کشدہ کا قلمی ہونا شروری ہے ورخواست و ہندواس فارم پر پھر تکھنے کا مجاز ندہ۔

POLICE DEPARTMENT CONFIDENTIAL NOT TO BE DISCLOSED TO THE PUBLIC POLICE DEPARTMENT DRIVING TEST RESULT SHEET

| e of vehicle f | or whic | h lice | nse re | quir | ed | | | | | | | | 1000000 | 0.000 |
|------------------------|---------|--------|---------|--------------|--------|---------|---------|--------|---------|---------|---------|------|---------|-------|
| т | he cand | lidate | shall s | atisf | y the | 100 | RT | 7 | ng the | test t | hat he | is a | ble to: | •55 |
| Γ | 1 | 2 | 3 | | 4 | 5 | 1 6 | | 7 | 8 | 9 | | 10 | |
| | Yes | Yes | Ye | s | Yes | Yes | Ye | s | Yes | Yes | Ye | es | Yes | |
| 1 | NO | NO | NO |) | NO | NO | N | 0 | NO | NO | N | 0 | NO | |
| - | | (8 | trike c | off wi | hiche | ver (Ye | s or t | (o) is | not a | pplica | ble) | | 54 | |
| | | A St | arting | | | BS | toping | 1 | | C. | Turni | ng | | |
| Examiner's Initials | A-1 | 2 | 3 | 4 | 5 | 6 | B-1 | 2 | C-1 | 2 | 3 | 4 | 5 | |
| | D-Back | ing | | E | Park | ring | | - | Traff | ic | | G | Signal | |
| | | 00383 | | | | (1000) | | | Signa | 1 | | | | |
| Examiner's Initials | D-1 | 2 | E-1 | 2 | 3 | 4 | 5 | F-1 | 2 | 3 | G-1 | 2 | 3 | |
| | H Pass | ing | | | _ | - | l Hills | | _ | | | J | Speed | |
| Examiner's Initials | H-1 | 2 | 3 | 4 | 5 | 6 | 1-1 | 2 | 3 | J-1 | 2 | 3 | 4 | |
| | | K- At | tention | n | _ | _ | 1. | Attito | ed to | wards | other | | _ | _ |
| Examiner's Initials | K-1 | 2 | 3 | 4 | J-1 | 2 | 3 | 4 | 1 | , and | Curio | | | |
| | | M- N | Aiscell | aneo | us | - | _ | | 4 | | | | | |
| Examiner's Initials | M-1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | |
| | | - | Pa | rt II (| Rules | and F | Regula | tions | 1) | _ | | _ | _ | 1 |
| | | 1 | 81 | - | 2 | 83 | 34 | | 85 | | | | | |
| | | | Yes | Y | es | Yes | Yes | s Y | es | | | | | |
| | | | No | N | lo | No | No | 1 | No. | | | | | |
| 1. Traffic s | igns in | North | | dule | ever (| Yes or | | (Yes) | (No) / | At leas | st the | | stion | |
| 2. High wa | ay Code | (Yes | | The state of | | n | | | out to | | applica | ant. | | |
| | | Or. | | _ | _ | Phys | | | - | | | | | |
| | | | (a | - | | 2) | (c | _ | (d) | | | | | |
| | | | Ye | | | es | Ye | _ | Yes | | | | | |
| | | Į. | N | | | 0 | No | _ | No | | | | | |
| | | (Strik | e off w | hich | ever | (Yes o | r No) i | s no | t appli | cable) | | | | |
| caminer's Ren | marks : | | | | | | | | | | | | | |
| I have ex | | | | | | | | | | | | | | |