

Form - Application for Driving Licence (Learner`s)

:: Contact Person Details ::

Name *	<input type="text"/>
Address *	<input type="text"/>
Email *	<input type="text"/>
Phone No *	<input type="text"/>

APPLICANT STATE AND RTO OFFICE DETAIL

STATE *	<input type="text"/>
RTO OFFICE	<input type="text"/>

APPLICANT PERSONAL DETAILS

AADHAAR NO *	<input type="text"/>
APPLICANT NAME *	<input type="text"/>
GUARDIAN NAME *	<input type="text"/>
RELATION WITH GUARDIAN *	<input type="radio"/> Father <input type="radio"/> Mother <input type="radio"/> Husband <input type="radio"/> Other
DATE OF BIRTH *	<input type="text"/>
GENDER *	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Trans Gender
PLACE OF BIRTH *	<input type="text"/>

QUALIFICATION *	<input type="radio"/> Below 8th Pass <input type="radio"/> 8th Pass <input type="radio"/> 10th Pass or Equivalent <input type="radio"/> 12th Pass or Equivalent <input type="radio"/> Diploma in Any Discipline <input type="radio"/> Graduate in Non Medical Sciences <input type="radio"/> Graduate in Any Medical Sciences <input type="radio"/> ITI / Certificate Course <input type="radio"/> M. Phil. in Any Discipline <input type="radio"/> Post Graduate Diploma in Any Discipline <input type="radio"/> Post Graduate in Non Medical Sciences <input type="radio"/> Post Graduate in Any Medical Sciences <input type="radio"/> Not Specified / NA
BLOOD GROUP *	<input type="radio"/> A+ <input type="radio"/> A- <input type="radio"/> A1+ <input type="radio"/> A1- <input type="radio"/> A1B+ <input type="radio"/> A1B- <input type="radio"/> A2- <input type="radio"/> A2B+ <input type="radio"/> A2B- <input type="radio"/> AB+ <input type="radio"/> AB- <input type="radio"/> B+ <input type="radio"/> B- <input type="radio"/> B1+ <input type="radio"/> B1- <input type="radio"/> O+ <input type="radio"/> O- <input type="radio"/> Oh+ <input type="radio"/> Oh- <input type="radio"/> Unknown
E-MAIL ID	<input type="text"/>
MOBILE NO *	<input type="text"/>
EMERGENCY MOBILE NO *	<input type="text"/>

IDENTIFICATION MARKS
(Scar on Head,Mole on Right Hand etc.)

APPLICANT ADDRESS DETAILS

(Only Present Address is Printed on Driving Licence)

STATE * (Present Address)	<input type="text"/>
DISTRICT *	<input type="text"/>
SUB-DISTRICT / BLOCK *	<input type="text"/>
POLICE STATION *	<input type="text"/>
AREA TYPE *	<input type="radio"/> Village <input type="radio"/> Town
VILLAGE / TOWN NAME *	<input type="text"/>
HOUSE / DOOR / FLAT NO	<input type="text"/>
STREET / LOCALITY	<input type="text"/>
LOCATION / LANDMARK	<input type="text"/>
PIN CODE *	<input type="text"/>

CLASS OF VEHICLES

SELECT CLASS OF VEHICLES *	<input type="text" value="- select -"/>
WANT TO ADD MORE CLASS OF VEHICLES (Plz Mention)	<input type="text"/>

DECLARATION

I HAVE BEEN CONVICTED/DISQUALIFIED/MY LICENCE WAS CANCELLED/SUSPENDED/MY LICENCE WAS REVOKED ? *	<input type="radio"/> Yes <input type="radio"/> No
IS THE APPLICANT TRAINED FROM DRIVING SCHOOL ? *	<input type="radio"/> Yes <input type="radio"/> No
1. I AM WILLING TO DONATE MY ORGANS, INCASE OF ACCIDENTAL DEATH ? *	<input type="radio"/> Yes <input type="radio"/> No
2. I HARE BY DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE PARTICULARS GIVEN ABOVE ARE TRUE. *	<input type="radio"/> Yes

DOCUMENTS

(Allowed File Types JPG Format, Maximum File Size -300KB)

APPLICANT PHOTO *	<input type="button" value="Browse..."/> No file selected.
APPLICANT SIGNATURE *	<input type="button" value="Browse..."/> No file selected.
AGE PROFF * ANY ONE (Passport/ Birth Certificate/ Votar ID / PAN Card / Photo ID Issued by Central OR State GOVT.)	<input type="button" value="Browse..."/> No file selected.
ADDRESS PROFF * ANY ONE (LIC Policy Statement / Passport / Aadhaar Card / Bank Passboby GOVT. / Marriage Certificate/ / Votar ID / Photo ID Issued by Central OR State GOVT.)	<input type="button" value="Browse..."/> No file selected.
PHOTO ID PROFF * Passport / Votar ID / PAN Card / Aadhaar /Photo ID Issued by Central OR State GOVT.	<input type="button" value="Browse..."/> No file selected.

SPONSOR INFORMATION AND FINAL SUBMISSION

SPONSOR NAME	<input type="radio"/> Yes <input type="radio"/> No
IF SPONSOR PRESENT, PROVIDE USERNAME	<input type="text"/>
SUBMIT *	