

**FORM 9**  
**(See Rule 18 (1))**  
**Form of application for the Renewal of Driving Licence**

1. Sri / Smt / Kumari \_\_\_\_\_ Son / Wife / daughter  
of \_\_\_\_\_

\_\_\_\_\_ hereby apply for the renewal of my driving licence which is attached and particulars of

which are as follows :

a. Number \_\_\_\_\_

b. Date of issue : \_\_\_\_\_

c. Licencing Authority by which the Licence was issued  
\_\_\_\_\_

d. Licencing Authority by which the Licence was last renewed number And date of renewal \_\_\_\_\_

e. Class of vehicles authorised to be driven \_\_\_\_\_

f. Date of expiry of Licence

To drive \_\_\_\_\_

i. Transport vehicle \_\_\_\_\_

ii. Vehicles other than transport Vehicles \_\_\_\_\_

My present address is \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If this address is not entered on the Licence I do/do not wish that it should be so entered.

If the Licence is not attached, reasons why it is not available?

\_\_\_\_\_

\_\_\_\_\_

If the Licence was not renewed within thirty days of the date expiry, reasons for delay

\_\_\_\_\_

The renewal of Licence has not been refused by Licensing Authority.

I have not been disqualified for holding or obtaining a driving Licence. My Licence has not Been revoked.

I enclose a Medical Fitness Certificate Form 1.

I enclose three copies of my recent photographs (5 cm X 6 cm)

I have paid the fee of Rs \_\_\_\_\_

I have paid the fee of Rs \_\_\_\_\_

I hereby declare that to the best of my knowledge and belief the particulars given are true.

Date \_\_\_\_\_

Signature or thumb impression  
of applicant

Name \_\_\_\_\_.

**MEDICAL CERTIFICATE**