FORM 4-A

FORM OF APPLICATION FOR ISSUE OF INTERNATIONAL DRIVING PERMIT TO DRIVE A MOTOR VEHICLE IN OTHER COUNTRIES.

To
The Licensing Authority,

I apply for an International Driving Permit to enable me to drive vehicles of the following categories.

CATEGORIES OF VEHICLES FOR WHICH THE PERMIT IS APPLIED FOR

(A) Motor Cycles Category L₁ and Category L₂.
(B) Motor vehicles other than those in category (A) above, having a permissible maximum mass/weight not exceeding 3,500 kg. (7700 lb) and not more than eight seats in addition to the drivers seat in Category M₁.
(C) Motor vehicles used for the carriage of goods and whose permissible Maximum mass/weight exceeds 3,500 kg. (7700 lb).
(D) Motor vehicles used for the carriage of passengers and having more than eight seats in addition to the drivers seat.
(E) Combination of vehicles of which the driving vehicle is in a category of categories for which the driver is licensed (B and/or C and/or D), but which are not themselves in that category or categories.

PARTICULARS TO BE FURNISHED BY APPLICANT

1. Name : 

   (Surname) (Middle Name) (First Name)
2. Father’s or Husband’s name : 

3. Place of Birth and Country: (Proof to be enclosed)

4. Address : 
   (a) Present :

   (b) Permanent :

5. Date of Birth (Proof to be enclosed)

6. Educational Qualification :


    2.

8. Blood Group/RH factor :

9. Have you previously held International Driving Permit? If so give details :

10. Particulars and date of every conviction which has been ordered to be endorsed on any driving licence held by the applicant:

11. Have you been disqualified for obtaining driving licence to drive? If so, for what reason?

12. Have you been subjected to a driving test as to your fitness or ability to drive a vehicle in respect of which a driving licence is applied
for? If so, give the following details.

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<th>Date of Test</th>
<th>Testing Authority</th>
<th>Result of Test</th>
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13. I enclose three copies of my recent passport size photograph.

14. I enclose the copy of driving licence No. ————

   dated: ———— issued by ————

   valid upto: ————.

15. I enclose a medical certificate in Form 1A.

16. I have paid the fee of Rs. ————

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

Date: ————  

Signature / Thumb Impression of Applicant.

* Strike out whichever is inapplicable.