

For Office use only

Name and Rank of the Testing Authority _____

I have tested the applicant at the (time) _____ on (Date) _____ and find him _____

In the test as specified in 3rd schedule of the motor vehicle Act 1969”

Checked _____
By _____
Signature

REMARKS:

SIGNATURE OF TESTING AUTHORITY

Particulars given by the applicant have been verified and found to be correct

License Issuing Authority

Space for Revenue Stamps

R.T.F. No. _____

Date: _____

