

***CERTIFICATE OF TEST OF COMPETENCE TO DRIVE.***

\* The applicant has passed the test prescribed under rule 15 of the Central Motor Vehicles Rules, 1989. The test was conducted on (here enter the registration mark and description of the vehicle) .....on (date).....

\* The applicant has failed in the test .  
( The details of the deficiency to be listed out)

Date .....

Signature of testing authority

.....

Full name and designation.

Two specimen signatures of applicant.

1.

2.

***\* Strike out whichever is inapplicable.***