



THE UNION OF INDIA  
MAHARASHTRA STATE MOTOR DRIVING LICENCE



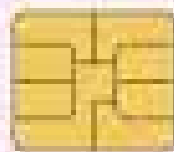
DL No: NUMBERS

DOI: DD-MM-YY

Valid To: DD-MM-YY (NT)

DLR: DD-MM-YY

FORM 7  
RULE 14(2)



AUTHORIZATION TO DRIVE FOLLOWING CLASS  
OF VEHICLES THROUGHOUT INDIA

COV DOI  
LMV DD-MM-YY  
MCWG DD-MM-YY

DOB: DD-MM-YY BG:



Name: NAME SURNAME  
SDW at: NAME SURNAME  
Add: ADDRESS

PA: NUMBERS  
Signature & ID of  
Issuing Authority: NUMBERS



Signature/Thumb  
Impression of Holder

