



**INDIAN UNION  
KERALA STATE  
DRIVING LICENCE** FORM 7

**No.:** 7/7263/2014      **Date:** 14/08/2014

**Name** : AKSHARA PETER

**S/W/D of** : PETER PAUL

**Address** : FLAT NO 2C

VIJAYA GLIMPSES

JAWAHAR NAGAR MIDAC DENTAL CARE

KADAVANTHRA KERALA 682020

**Date of Birth** : 05/08/1991

**Blood Group** : O+

**Category**      Valid from      Valid To

**Non-Transport**      14/08/2014      13/08/2034

**Transport**

