

FORM No I

(See Rules 4 & 8)

Application for Grant or renewal of certificate of registration.

1. Name of the Motor Transport undertaking:-
2. Full address to which communications relating
To the motor transport undertaking should be
Sent:-
3. Nature of motor service transport service,
i.e. city service, long distance freight service:-
4. Total number of routes:-
5. Total route mileage:-
6. Total number of motor transport vehicle
On the last date of preceding year:-
7. Maximum number of motor transport workers
Employed on any day during the preceding year:-
8. Full names and residential address of the
 - i). Proprietor and partners of the motor transport
undertaking in case of the firm not registered
under the companies Act,1956 or :-

 - ii). General Manager in case of public sector
undertaking:-
9. Full name and residential address of the
Director in case of company registered under
Companies Act, 1956:-
10. Amount of fees..... (Rupees.....
.....) only paid in challan, Treasury on vide challan
no (enclosed).

Place:-

Date:-

Signature of the employer