

FORM NO. I

(See rules 4& 8)

**APPLICATION FOR GRANT/RENEWAL OF CERTIFICATE OF
REGISTRATION**

1. Name of motor transport undertaking.

- (i) Full address of the Headquarters of the undertaking
- (ii) Full address/addresses, of each of the Units of the undertaking

2. Full address to which communications relating to the motor transport undertaking including its various units should be sent.

3. Nature of motor transport service e.g, passenger service, freight service.

4. Details of routes.

Form to Distance	Total No. of trips per day	Total K.M. per day	<u>No. of vehicle in the route</u>	
			Passenger service	Freight service

- 5. Total number of motor transport vehicle on the last date of the preceding year (with particulars of registration number of the vehicle)
- 6. Maximum number of motor transport workers employed on day during the preceding year
- 7. Full name of the employer and his residential address.
- 8. Full name and residential address of other partners if the motor transport undertaking is a firm within the meaning of the Indian partnership Act,1932. (Central Act IX of 1932) or other directors in the case of a company within the meaning of companies Act, 1956 (Central Act I of 1936)

Amount of Fee Rs (Rupees
(Paid in Treasury
vide chalan No. enclosed)

Signature of employer

This form should be completed in ink in block letters or typed. Date.
