## **APPLICATION FOR CAR PASS**

| 1  | . (a) | Name of the officer/Person using the vehicle.   | :                          |
|----|-------|---|----------------------------|
|    | (b)   | Designation   | :                          |
|    | (c)   | Office Address  | :                          |
|    | (d)   | Registration Number of the Vehicle  | :                          |
| 2  | . (a) | Whether the vehicle is owned by office or personal or on hire.  | : Office / Personal / Hire |
|    |       | (attested copy of Regn.<br>Certificate of the vehicle may<br>Be given)  |                            |
|    | (b)   | If office vehicle copy of vehicle<br>Allotment order may be given   | :                          |
| 3  | . (a) | Whether the officers concerned works within the Civil Sectt. If No. the application should be Submitted through the concerned Administration Deptt. | : Yes / No                 |
|    | (b)   | Name of officials/ Deptts required To visit   | :                          |
| 4. | (a)   | Name of the Driver  | :                          |
|    | (b)   | Complete Address of the Driver  | :                          |
|    | (c)   | Whether the driver is permanent. Casual/daily wage  | · :                        |
|    |       | (attested copy of office order deputing the driver to drive the particular vehicle to given   | :                          |
|    |       |   |                            |

Signature of the Applicant With seal

**Recommendation of the Administrative Deptt.**