

FORM FOR REGISTRATION OF THE MOTOR VEHICLE

From Name : Address :	To, The Registering Authority of Motor Vehicle
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1. Full name of person to be Registered as Registered owner	Name :
Son <input type="checkbox"/> wife <input type="checkbox"/> Daughter <input type="checkbox"/> of <i>(Tick in the appropriate box)</i>	

2. Age of the person to be Registered as Registered owner <i>(Proof of age to be attached on page – 14)</i>	Date of Birth		
	Date	Month	Year

3. Permanent Address of the person to be Registered as Registered owner <i>(Evidence to be produced and pasted on page – 13)</i>	
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4. Temporary Address of the person to be Registered as Registered owner	
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5. Name and Address of the Dealer or Manufacturer from whom the vehicle was purchased. <i>(Sale certificate (i.e Form No. 21) and certificate of road Worthiness (i.e Form No. 22) issued by the manufacturer must be paste on the page 10</i>	
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6. If ex-army vehicle or imported vehicle enclose proof. If locally manufactured Trailer/Semi Trailer enclose the approval of design by the State Transport Authority and note the proceedings number & date of approval.	<table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; padding: 5px;">Ex-Army Vehicle</td> <td style="border: 1px solid black; padding: 5px;">Imported Vehicle</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Locally manufactured - Trailer/Semi Trailer</td> </tr> <tr> <td style="border: 1px solid black; padding: 5px;">Proof Enclosed</td> <td style="border: 1px solid black; padding: 5px;">Not Enclosed</td> </tr> </table>	Ex-Army Vehicle	Imported Vehicle	Locally manufactured - Trailer/Semi Trailer		Proof Enclosed	Not Enclosed
Ex-Army Vehicle	Imported Vehicle						
Locally manufactured - Trailer/Semi Trailer							
Proof Enclosed	Not Enclosed						

7. Class of vehicle <i>(Tick the appropriate box)</i>	M/ Cycle without gear <input type="checkbox"/> Medium Passenger Motor Vehicle <input type="checkbox"/>
	M/Cycle with gear <input type="checkbox"/> Heavy Goods vehicle <input type="checkbox"/>
	Invalid Carriage <input type="checkbox"/> Heavy Passenger Motor Vehicle <input type="checkbox"/>
	Light Motor Vehicle <input type="checkbox"/> Road Roller <input type="checkbox"/>
	Medium Goods Vehicle <input type="checkbox"/> Any other vehicle <input type="checkbox"/>

8. The motor vehicle is	New <input type="checkbox"/> Ex-Army <input type="checkbox"/> Imported <input type="checkbox"/>
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To be filled from Form No. 21

9. Type of body <i>(Tick appropriate box)</i>	SOLO <input type="checkbox"/> SALOON <input type="checkbox"/> OTHER <input type="checkbox"/>
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10. Type of Vehicle	Tick in the appropriate box below
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Section 1.01 A. TWO WHEELER
1. Motor Cycle
2. Scooter
3. Moped
4. Motorised cycle
B. LIGHT MOTOR VEHICLE
(I) THREE WHEELERS – Passenger vehicle
1. Auto Rickshaw
2. Motorised cycle Rickshaw
3. Invalid carriage
(II) THREE WHEELERS – Goods carriage
1. Delivery van
(III) FOUR WHEELERS – Passenger vehicles
1. Motor car
2. Jeep
3. Jeep stage carriage
4. Taxi
5. Taxi cab
6. Ambulance
7. Station wagon
8. Invalid carriage
Van
(IV) FOUR WHEELERS – Goods carriage
1. Delivery VAN
2. Truck
3. Fork lift
4. Postal van
5. Mobile canteen
6. Mobile Post Office
7. Mobile Clinic

C. MEDIUM & HEAVY VEHICLE – Passenger vehicle
1. Stage carriage ordinary
2. Express bus
3. Town/City bus
4. Mini bus
5. Passenger-cum-goods carriage
6. Tourist coach
7. Campers van
8. Camping trailer house trailer
9. Trackless trolley coach
10. Double Decker bus
Section 1.02 D. HEAVY VEHICLE – Goods carriage
1. Animal Ambulance
2. Crane
3. Dumper
4. Fork lift
5. Pickup van
6. Rig
7. Tow truck
8. Refuse collector
9. Demonstration van
10. Mobile van canteen
11. Mobile library van
12. Mobile Post office vehicle
13. Postal van
14. Mobile clinic
15. Mobile workshop
16. Mobile shop vehicle
17. Tanker

11. Maker's name	
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12. Month and year of manufacture	Month		Year	
13. Number of Cylinder				
14. Horse power				
15. Cubic Capacity				
16. Maker's classification or if not known, wheel-base				
17. Chassis number (<i>Affix pencil print on Pg. No. 12</i>)				
18. Engine No.				
19. Seating capacity (<i>Including driver</i>)				
20. Fuel used in the engine (<i>Tick in the appropriate box</i>)	Petrol	<input type="checkbox"/>	Diesel	<input type="checkbox"/>
			Other	<input type="checkbox"/>
21. Unladen weight				
22. Particulars of previous registration and registered number (if any)				
23. Colour or colours of body wings and front end.				

I HEREBY DECLARE THAT THE VEHICLE HAS NOT BEEN REGISTERED IN ANY STATE OF INDIA

24. Number, description and size of tyres		
(a) Front axle		
(b) Rear axle		
(c) Any other axle		
(d) Tandem axle		
25. Gross vehicle weight	Details	
(a) As certified by the manufacturer		Kgms
(b) To be registered		Kgms
26. Maximum axle weight	Description/Details	
(a) Front axle		Kgms
(b) Rear axle		Kgms
(c) Any other axle		Kgms
(d) Tandem axle		Kgms

27. Overall	Description / Details
(a) Length	
(b) Width	
(c) Height	
(d) Hang	

The above particulars are to be filled in for a rigid frame motor vehicle of two or more axles for an articulate vehicle of three or more axles or to the extent applicable for trailer, where a second semi trailer or additional semi trailer are to be registered with an articulate motor vehicle. The following particulars are to be furnished.

28. Type of body	
29. Unladen weight	
30. Number, description and size of tyres on each axle	
31. Maximum axle weight in respect of each axle	
32. The vehicle is covered by a valid certificate of insurance under chapter XI of the Act.	Section 1.03 Insurance certificate or cover note No. Dt. Of (Name of company)
33. The vehicle is exempted from insurance. The relevant order is enclosed.	Valid from to
34. I have paid the prescribed fee of Rupees Vide TR 5 receipt..... for registration of vehicle	

Signature or thumb impression of the person to be
Registered as Registered owner

Date.

Note : The motor vehicle above described is subject to:		
1. Hire purchase agreement / Lease agreement	1	With/ in favour of
2. Hypothecation	2	
3. Not held under hire purchase agreement/lease agreement/Hypothecation.	3	
<i>(Strike out what ever is not applicable)</i>		
Signature of the person with whom an agreement of Hire purchase, lease or hypothecation has been entered into. <i>(If the vehicle is subject to any such agreement the signature of the financier with whom such an agreement has been entered into, is to be obtained.</i>		

(i) Specimen signature of the person to be registered as Registered owner		
Specimen signature(1)	Specimen signature(2)	Specimen signature(3)

CERTIFICATE

Inspected the Vehicle

(Certified that the particulars contained in the application are true and that the vehicle complies with the requirements of the Motor Vehicles Act, 1988, and the Rules made there under.)

Signature of the Inspecting Authority

Name:

Designation:

FOR OFFICE ENDORSEMENT

Ref. Number _____ Office of the _____

The _____ bearing Chassis Number _____ and Engine Number _____ has been assigned the registration number _____ are registered in the name of _____

and the vehicle is subjected to an agreement of hire purchase / lease/ hypothecation.

Registering Authority

To

(Name and Address of the Financier)

By registered post or deliver under proper acknowledgement

(Kindly paste here)

i) The procedure of taking the pencil print

Put a white paper on the engraved chassis no. and rub the lead pencil on it. You will now get the required impression

Sale Certificate

(Kindly paste original document as given by dealer)

Road Worthiness / Fitness Certificate as given by the dealer

(Paste the original document)



(Attested photocopy of any one of the following to be pasted here)

(Tick in the appropriate box)

- | | | | | | |
|----|----------------------------------|--------------------------|----|---|--------------------------|
| 1. | Ration Card | <input type="checkbox"/> | 6. | Electrical Bill/Water Supply Bill/Telephone Bill | <input type="checkbox"/> |
| 2. | Voter list / Voter Identity Card | <input type="checkbox"/> | 7. | House Tax Receipt | <input type="checkbox"/> |
| 3. | Life Insurance Policy | <input type="checkbox"/> | 8. | School Certificate | <input type="checkbox"/> |
| 4. | Passport | <input type="checkbox"/> | 9. | Pay slip issued by any officer of the A & N Islands | <input type="checkbox"/> |
| 5. | Certificate from the Employer | <input type="checkbox"/> | | for Central Government or a Local Body. | <input type="checkbox"/> |

(Attested photocopy of any one of the following documents to be pasted here)

(Tick in the appropriate box)

1. Birth Certificate

2. Certificate granted by registered Medical Practitioner not
Below the rank of a Civil Surgeon as to the age of the applicant.

