

PARADIP PORT TRUST

VEHICLE REGISTRATION FORM (ANNUAL/MONTHLY)

A. Vehicle Registration No.*: Veh.Type:
(Govt./Private)

B. Registration Valid Up to*:

C. Vehicle Category*: Make*:
(HMV/MMV/LMV/Equipment)

D. Vehicle Model*: Mfg. Year:

E. Vehicle Colour: C.Capacity:
(Mandatory for LMV)

F. Veh. Insurance No.: Company:

G. Veh. Insurance Valid From Date*: To Date:

H. Veh. Fitness Valid From Date : To Date:
(Mandatory for Commercial Veh.)

I. Name of the Vehicle Owner*:

J. Address of the Vehicle Owner*: Contact No.:

Signature of the Applicant
Name & Designation with Seal

Recommending Authority
Name & Designation with Seal
(Direct User)

FOR OFFICE USE ONLY

PERMITTED FOR REGISTRATION WITH UNIQUE CODE: _____

Recommended By (Controlling Authority)
Name & Designation with Seal

Verified by Traffic Clerk
Name & Designation with Seal

Received by *(HEP Issue Section)*: