

**CHANDIGARH ADMINISTRATION
REQUEST FORM FOR DRIVING HISTORY RECORD**

Name

Contact Address

Contact Phone Number

E-mail

Date of Birth

Purpose for which the driving record is sought

Period for which the driving record is sought

Particulars of the Indian driving licence(s) held during this period

Licence Number Issuing Authority

Period of Validity

Residential Address during this period

Particulars of vehicles driven by you during this period

Type of Vehicle Registration Number

Date

Signature

Return To:
The Office of the Superintendent of Police, (Traffic) U.T. Police Headquarters, Sector 9-D Chandigarh. 160009