

**ANDHRA PRADESH STATE ROAD TRANSPORT CORPORATION**

**Application Form for Student Concessional Bus/Pass/  
General Bus Ticket/ Physically Handicapped Bus Pass**

Name of the applicant ..... S/O, D/O ..... Age .....

Residential address ..... journey particulars  
from .....To ..... (in case of student Bus Passes Only).

I do hereby apply for a student Concessional Bus Pass/ General Bus Ticket/ Physically Handicapped Bus Pass subject to the Rules and Regulations of APSRTC by paying the requisite charges..

I certify that the particulars are true and correct.

*Signature of Applicant.*

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**CERTIFICATE OF THE HEAD OF THE SCHOOL / COLLEGE ( in case of students)**

I hereby certify that Sri/Kum./Smt ..... is a bonafide student of ..... studying in class ..... His/Her date of birth is ..... as per this Office Records. Students Concessional Bus Pass/ General Bus Ticket/ Physically Handicapped Bus Pass may be issued.

Admission No. ....

*Signature of the Head of the  
School/College with Office Seal.*

Station ..... Date .....

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**NOTE :** Physically handicapped person shall submit a certificate issued by a Government Medical Officer not below the Rank of Civil Assistant Surgeon, indicating the nature of disability, i.e Blind, Deaf & Dumb or Lane.

Date .....

**(FOR THE USE OF A.P.S.R.T.C. ONLY)**

(For Student Bus Pass only) Authorised travel :-

	Route No.	PLACE		STAGE NO.	
		From	To	From	To

**PARTICULARS OF ISSUE OF IDENTITY CARD / STUDENT CONCESSIONAL BUS PASS /  
GENERAL BUS TICKET / PHYSICALLY HANDICAPPED BUS PASS**

Identity Card No..... Date .....

Cash Receipt No.....

Student Bus Pass No..... Date .....

Date .....

General Bus Pass No. .... Date .....

Physically Handicapped Ticket No.....Date.....

M.T.D. 418 / R

*Signature of the Issuing Authority  
with Office Seal*