

**Department of Labour
Government of Tamil Nadu**

**APPENDIX
Form No.1**

(See sub-rule (2) of rule of, sub-rule (1) of rule 8 and sub-rule (1) of rule 11
of the (Tamil Nadu) Motor Transport Workers Rules, 1965.)

**Application for the registration of a motor transport under- taking under sub-
section (2) of section 3 of the Motor Transport Workers' Act, 1961 (Central Act 27
of 1961)**

*1	Calendar year for which this application is made).				
*2	Name of Motor transport undertaking. I. Full address of the headquarters of the undertaking. II. Full address/addresses of each of the units of the undertaking.				
*3	Full address to which communications relating to the motor transport undertaking including its various units should be sent.				
*4	Nature of motor transport service, e.g., passenger service, freight service.				
*5	Details of routes.				
					Number of vehicles in the route.

From	To	Distance	Total number of trips per day	Total kilometers per day	Passenger service	Freight service
1	2	3	4	5	6	7
*6	Total Number of motor transport vehicles on the last date of the proceeding year (with particulars of registration number of the vehicles.)					
*7	Maximum number of motor transport workers employed on any day during the proceeding year and proposed to be employed on any day during the calendar year for which application is made.)					
*8	Full name of the employer and his residential address.					
*9	Full name and residential address of other partners if the motor transport undertaking is a firm within the meaning of the Indian Partnership Act, 1932 (Central Act IV of 1932), or other directions in the case of a company within the meaning of the Companies Act, 1956.j					
*10	Whether the contribution to Tamil Nadu Labour Welfare Fund 3 (due at the time of presenting the application) has been paid and if so, furnish the full details of payment (viz. cheque/demand draft No. and date/or money order receipt number and date.)					
*11	Amount of fee Rs. (Rupees) Paid in Treasury on (Vide Chalan No. Enclosed).					

Signature of employer

Date:

(This form should be completed in ink in block letters or typed.)