## STAMP WORTH RS. 7.50

To. The Secretary, State Transport Authority, Tripura, Agartala.

## **Subject:- Application for Route Permit.**

1.	Name of the Vehicle for which applied								
2.	Name of the Route applied for								
3.	Name of the Applicant (in block letters)								
4.	Name of the Father / Husband								
5.	Permanent Address								
6.	Present Address :								
7.	Age		:-						
8.	Nationality								
9.	Educational Qualification :-								
10.	Caste :-								
11.	Wł	nether a new vehicle is to be purchased	:-						
	a)	If yes, within how many days	:-						
	b)	Type of vehicle to be purchased	:-						
	c)	Seat capacity	:-						
	d)	Present occupation & monthly income	:-						
	e)	Bank balance with name of the Bank	:-						

	f)		n / Scl	nce from any financ neme, name of the	ıal	:-	-															
12.	Is	Is there any existing Transport vehicle					-															
	a)	) If yes, Registration No. of vehicle					:-															
<ul><li>b) Date of new Registration</li><li>c) Type of vehicle</li><li>d) Name of the existing Route</li></ul>					:-																	
					:-																	
					:-																	
	e)	Is there any other vehicle in the name of family member.					-															
13.	W	hether ex-	servic	eman / physically h	andi	capp	ed	:-														
Dec	lara		Son / do her on do issued	Smt	sted ll abi	to iss	sue : y th	me a e ter	Ro ms	ute l	Peri	mit a	as p	raye	d f	for.	If,	a R	loute	Per	mit	
Dat	e :	:-											Sig	gnat	ur	e o	f th	ie a	ppli	cant	t	
	equi	ents to :- ired	-	<ol> <li>Address Proof.</li> <li>Age Proof.</li> <li>Nationality Production</li> <li>In case of poin</li> <li>Cast Certificate.</li> <li>In case of poin</li> <li>from the financial in</li> <li>In case of Sl. No</li> <li>In case of Sl. No</li> </ol>	oof. t No t No nstit Io. 1	o. 11 ( tution 2 (a)	(d) a n.	& (e)	opy	py o of F	f Pa	ass I istra	Bool tion	k & Cer	sar rtif	ncti	ion ite a	lett	Pern	f an <u>y</u>		ion