

Application for Registration Mark

To

Licensing and Registering Authority

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Punjab

Subject: Application for registration mark in conformity with provisions of law.

- 1. Name of the Vehicle Owner .....
- 2. Email ID .....Mobile number.....
- 3. Registration Mark presently assigned to the vehicle .....
- 4. Date of Registration:.....
- 5. Vehicle Owner Detail and Address :.....
- 6. Detail of Vehicle
  - a. Class of Vehicle : ..... b. Month & Year of Manufacturing:.....
  - c. Engine No. .... d. Chassis No.....
  - e. Maker Name: ..... f. Model.....
  - g. Color: ..... h. Seating Capacity.....
  - i. Vehicle Norms (BSII/III/IV/VI), please specify: .....
  - j. In case of transport vehicle only: (i) Gross Weight : .....  
(ii) Laden weight:..... (iii)Seating capacity .....
- 7. Fees and tax details:
  - (i) Fees details :a) Fee paid at the time of Registration (In Rs) : .....  
b) Receipt No.....c) Date of Receipt/ Payment:.....
  - (ii) Tax Details: a) Tax paid at the time of Registration: .....  
b) Receipt No..... c) Date of Tax Receipt/ Payment:.....
- 8. Is above mentioned registration mark is under any litigation (Yes/No): .....  
If Yes, Current Status details: .....
- 9. List of documents required to attach with application: ( Please tick Attached)
 

a) Registration Certificate (Copy)	<input type="checkbox"/>	b) Chassis trace	<input type="checkbox"/>
c): Vehicle Owner Address Proof	<input type="checkbox"/>	d) Fee Receipt:	<input type="checkbox"/>
e) Tax Receipt:	<input type="checkbox"/>		

Date.....

Signature of Applicant.....

**10. Details of previous owner (If any)**

<p>a. Name and Address.....</p> <p>b. Ownership dates from .....to.....</p>
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**Self- Declaration/ Verification**

I ..... do hereby solemnly affirm and declare that to the best of my knowledge and belief what is stated above is correct, complete and is truly stated and nothing has been concealed therein. No part of it is false.

Dated: .....

Name of Applicant:.....

Place: .....

Signature of Applicant :.....

Note : Please email application form with self attested scanned documents at duplicatenumber21@gmail.com

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**For Office Use**

1. Application No :.....
  2. Date of Receipt: .....
  3. Whether the above application accepted or rejected (Yes/No): .....
  - a. If Yes Registration Mark Mapped in VAHAN 4.0:.....  
Registration Mark Allotted :.....
- Checklist:
- (i) The taxes & Fees for above Registration Marks are fully paid (Yes/No).....
  - (ii) Report from MVI for physical fitness of the vehicle Yes /No.....
  - (iii) Any court order regarding vehicle Norms (BSII/III/IV/VI) not violated (Yes/No).....
  - (iv) All documents submitted are verified and are in place as per requirement Yes/No.....
  - (v) Tax receipt & date of deposit .....
- b. If No, Reasons for rejection: .....

Signatures of the Verifying Staff

Signatures of Section officer

Date: .....

Signatures of the Approving Authority