भारत सरकार
(भारत के सार्वजनिक सेवाओं का मुख्यालय)
निदेशालय जनरल, [illegible]
[illegible], नई दिल्ली

F. No. [illegible]/[illegible]/2018-[illegible]-Parking Labels

Dated: [illegible]

Security Controller
[illegible]

Subject: Issue of Parking Stickers/ Labels for parking of vehicles at [illegible] premises

[illegible]

1. [illegible]
2. [illegible]
3. [illegible]
4. [illegible]
5. [illegible]
6. [illegible]
7. [illegible]
8. [illegible]
9. [illegible]
10. [illegible]
11. [illegible]
12. [illegible]
13. [illegible]
14. [illegible]
15. [illegible]

[illegible]

[illegible]

[illegible]
Security Officer
[illegible]

[illegible]

PRASAR BHARATI
BROADCASTING CORPORATION OF INDIA
DIRECTOR GENERAL DOORDARSHAN, NEW DELHI - 110 001.

(Please use one copy of this form for **Each Member** [illegible])

(Note: A passing date per be given only for [illegible])

PERSONAL DETAILS:

Name: _____ Designation: _____

Department: _____ Office / Corporate Office Address: _____ Pin Code: _____

Frequency of arranging attempts for CBA per month: _____ Date of Last Certification: _____

Medical Attributes: _____

Telephone no. (STD): _____ Mobile: _____ Fax: _____

DETAILS OF VEHICLE:

Driving Licence No: _____ Issued by: _____ Female: _____

Contact: _____ Date of first licence: _____ Transferred to traffic police? _____

Driving Licence No: _____ Issued by: _____ Date of Expiry: _____

Place: _____

Signature of Applicant: _____

Attachments Checklist:

(1) Self Attested copy of Driving Licence
(2) NOC Certificate copy of Driving Licence from Competent Authority
(3) Photocopies of the last two pay slips
(4) Medical Certificate
(5) Driving CB Course Certificate
(6) Dr. Charles Gore Office Order / Letter of Intent (Only applicable case)
(7) Technical Qualification Certificate

REMARKS / CERTIFICATE / RECOMMENDATIONS

This is to certify that Sh./Smt./Miss _____ _____ _____

UNDERTAKING

I, _____ residing at/ _____ do hereby

_____ solemnly affirm that :

(1) I am the owner of my motor bike _____

OR

My motor bike _____ is registered in the name of my Spouse / Mother/Father _____

(2) I hold already obtained my ARAI/Approved Helmet bearing details of two above said vehicle under Rule 15 (2) of CCS (Central) Rules, 1964.

(3) The vehicle **has/do not have** CNG Kit and my CNG Kit is **permanently/ not permanently** fitted in concerned transport authority.

(4) I shall be responsible of my vehicle during parking hours (11 PM to 6 AM) as it will be not in my house.

OR

I have checked ownership of my vehicle/scooter when driving home in case SUBPOENA.

Signature: _____

I, _____ S/o

Name: _____

Designation: _____

Note : Please pasting latest valid fee receipt here.