ANNEXURE-C

(The price of this form is rupee one)

	M. /A.M. nal Road Transport Corporation, DOWNLO	ADED FORM	
	(Charge additional Rs. 1 with pa		
(Throug	gh Proper Channel)		
	APPLICATION FOR MONTHLY CONCESSION	<u>N PASS</u>	
Sir,			
	Kinldy issue/renew my monthly pass No	for the period	
from	toon	route	
of you	ir buses.		
	I am a bonafide student of	_school/College and I am studying	
2	in Class. I am an employee of the State Government and employed in the o	cr c	
2.	the regular strength in the afore3said Office/Department.	_ I Further certify that I am working on	
3	My age isyears (Date of Birth		
	A sum of Rs.	llongwith two passport size	
 photographs duly attested by the Head of Office/Institute is being remitted / enclosed herewith. I have fully understood the terms and conditions regarding monthly concessional pass and under take comply with the same. Monthly pass is issued on the payment of fare and tax etc. in advance. No concession is allowed for holidays falling in the months. 			
	8. Pass holder is provided seat subject to availability otherwise he travels standee.		
9. The monthly pass is not transferable.			
10	10. No rebate or refund is admissible on account of the pass holder not utilizing the pass for the whole or		
part of the month.			
11. The pass holder can claim refund only for the days, the bus does not ply on the route on account of road blockage or is otherwise suspended. He has to submit application for refund to the concerned			
12	Regional/Assistant Manager. Two passport size photographs duly attested by Head of Instiapplicant at his own cost for affixing the same on the pass and for	tution/Office is to be provided by the	
	. A mutilated or torn pass is not admitted as valid In case of loss, a duplicate pass is issued on payment of Rs. 15/- b	peing the cost of duplicate pass.	
	It is further certified that as stated above are correct to the best of my knowledge and belief and nothing has been concealed.		
	nas been conceared.	Yours faithfully,	
Dated			
Dulou_		(Signature of the applicant) and full name in capital letters (designation in case of an employee)	
Certifi	ied that the facts stated in the application are correct and renewal o	f the pass applied for by	
Shri/S	mt./Kumari	is recommended.	
	Head	Signature Full name in capital letters of of the Institution/Office with Seal	
	FOR OFFICE USE ONLY		
Receive	ed Rsvide receipt 1	No	
	issued vide renewal chit No		