

**DELHI TRANSPORT CORPORATION
(Govt. of NCT of Delhi)**

**Application form for Concessional Pass
(To be filled in Capital Letter Only)
New Pass/Renewal/Refund**

Paste recent Photograph & Get it attested by the Principal/Head of Institution (if school ID is not available)

- 1 Name of the applicant _____
- 2 Name of father/Husband _____
- 3 Age _____
- 4 Residential Address _____

- 5 Category of Pass Holder Tick (3) only one

Students	Residents of Resettlement colonies	Senior Citizens	Journalists	Freedom Fighters	Disabled	National Award Winners	War widow & their dependant Children	International Sportsman
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- 6 Type of Pass required (Tick (4) only one)
- | | | |
|--------------------|------------------|----------------------|
| Destination | All Route | All Route GLS |
|--------------------|------------------|----------------------|

Information required for destination passes

- (a) Pass required: From (Place) _____ To (Place) _____ Change (Place) _____
- (b) Distance
 (Tick (4) only one) ≤10 Kms >10 Kms
 (To be filled by residents of resettlement colonies)
- (c) Route Numbers to be allowed: Source to Change-over _____
 Change-over to destination _____

- 7 Period of Pass required From-----To-----
 (dd/mm/yy)
 Tick (4) only one
- | | | | | | |
|----|----|----|----|----|--------|
| 01 | 02 | 03 | 04 | 05 | Months |
|----|----|----|----|----|--------|

8 Students

- (i) Name and address of Educational institute. _____

 Code No:
 (To be filled by school/college authorities)
- (ii) Class and Roll No. _____
 Student ID No. _____
 (If not available paste a photograph on this application and get it attested by the principal/Head of the institution).
- (iii) If employed mention : _____
 Name, address & Tel. No. the employer.

9 Disabled

- (i) Name of the Hospital Issuing disability certificate -----
- (ii) Type of degree of Disability (Tick (4) only one)

BLIND	DEAF	ORTHO.
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- (iii) Reference No. of Social Welfare Directorate -----
- (iv) Place of work -----

10 Free Pass Holders

- (i) Name and address of authority issuing the verifying reference document. -----
- (ii) Certificate No. -----

11 **Refund required** From _____

(Signature of the Applicant)

(For Students only)

It is certified that the columns filled by the student are correct and have been verified from our records and it will be valid for 5 months. The certificate is valid for two weeks from the date of issue.

**Signature of Principal/Head of Institution
(Office Stamp with address)**

(For office use only)

ID Number Allotted: Date of Issue:

Received Rs.:

Refunded Rs.:

Signature of Verifying Official

Signature of Cashier

Note

- 1 Payment of Rs 10/- to be paid for preparation of each photo ID card.
- 2 A Service charge of Rs.2/- by students and Rs.7/- by other than free pass holder to be paid for each bus pass.
- 3 Failure to renew within the validity period of bus pass will impose reactivation penalty of Rs10/- extra.
- 4 Bus pass charges shall be payable as per DTC notification.
- 5 All charges paid are non-refundable except for bus pass charges for period of more than one month.
- 6 A refund charge of Rs.10/- shall be charged extra for each refund.
- 7 Bus pass is issued under standard terms and conditions of DTC.