ANNEXURE - A

APPLICATION FOR CLAIMING REIMBURSEMENT OF AMOUNT PAID FOR FITMENT OF DIGITAL FARE METER TO TOURIST TAXIS WITH PRINTER.

To, The Director of Transport, Panaji – Goa

I, the undersigned, hereby submit my claim for reimbursement of amount paid by me towards digital fare meter / Vehicle Location Tracking Devise.

1.	Name of the applicant		as A		
	The state of the s			nd (c	8 N
2.	Residential address (in full)				
	a. House No.		. *		
	b. Street/Bldg. Name		-	70	
	c. Ward No.			9	
	d. City/Village				
	e. Post Office				
	f. Constituency		A Cheese	*	
	g. Taluka				
	h. District				
	i. Pin Code				
		1			
3.	Contact Details				
	a. Landline telephone number				
	b. Mobile number				9
	c. E mail id			X1	
	O. Elitaria		-		8.0
1	Aadhar Card Number				
4.	Adultar Card (dimber		-	-	
260	D 11 C /'Cartairead by				
5.	Residence Certificate issued by			8	
	Competent Authority				
,	D 1 D 1 D				
6.	Bank Details				
	a. Name of Bank				
	b. Branch	<u> </u>			
	c. Account Number				
	d. IFS Code				
	1				
7.	Vehicle Details				
	a. Vehicle Registration Number	-		-	
	b. Vehicle Type			90	
	(Rickshaw/Taxi/bus)				

8. Permit Details	Date 1					
a. Contract carriage/tourist permi	t					
No.						
b. Validity of permit	Valid from to					
9. Details of taxes paid						
a. Motor Vehicle Tax	Rson/_/					
b. Passenger Tax	Rson/_/_					
10.Details of amount paid						
a. Dealers Name						
b. Dealers Address						
c. Dealers Receipt No.						
	1)					
11. Documents enclosed (Self Atteste						
	ssued by the competent authorities.					
2) Copy of permit						
3) Vehicle Fitness Certificate						
4) Copy of Motor Vehicle Tax pa	•					
5) Copy of Passenger Tax paid red						
6) Extract of 1st page of bank Pas7) Copy of Aadhar Card	s book or cancelled Cheque					
8) Pre-receipt in prescribed Annex	vura D					
<u>D e c</u>	laratIon					
(i) I the undersigned do he	araby declars that I am the aymer of the above					
(i) I, the undersigned, do hereby declare that I am the owner of the above						
said vehicle and that the	information given by me is true and correct,					
and nothing is false. I shall be personally responsible for any false and						
incorrect information/do	cuments, for which the authorities shall be at					
liberty to take penal action as per rule. (ii) I further undertake that in the event of any non utilization, physical damage, etc of the Digital faremeter device, I shall within three working days at my own cost and operationalize the digital						
					meter failing which my v	rehicle registration/permit may be cancelled.
					motor raining without my v	omolo logistration pointre may be calcolled.
*	Signature of Applicant					
Place						
Dated d m m y y y y	» ·					
	Name of Applicant					

ANNEXURE - B

PRE-RECEIPT

Received with thanks from Directo.	r of Transport, Panaji a sum of
Rs/-(Rupees	only)
towards reimbursement of cost of fare	meter/Vehicle location Tracking
Device paid by me in respect of m	y vehicle bearing registration
numberfor the year 202	1-22 sanctioned vide order no
dated	under the "Goa State Public
Transport Reimbursement of cost of Digita	
Tracking Device, 2021."	
*	
	Signature of Applicant
Place	
d d m m y y y y	
Dated	Name of Applicant
To be submitted to Directorate of Accounts	(affix revenue stamp)
ANNEXURE	- B
DDD DDCD	**m
PRE-RECEI	PT
Received with thanks from Director	r of Transport, Panaji a sum of
Rs/-(Rupees	only)
towards reimbursement of reimbursement	of cost of faremeter/Vehicle
location Tracking Device paid by me in	respect of my vehicle bearing
registration numberfor the	ne year 2021-22 sanctioned vide
order no	datedunder the "Goa
State Public Transport Reimbursement of co	1.0
Location Tracking Device, 2021."	
	Signature of Applicant
Place	
Dated ddmmyyyyy	
	Name of Applicant
To be retained by Directorate of Transport	* *
to be retained by threctorate of transport	