**FORM P.D.W.T.**

**APPLICATION FOR TRANSFER OF PERMIT**

**(See rule 53 of DMV Rules 1993)**

The Asstt. Secretary, STA Dated

Transport Department

5/9 Under Hill Road,

Delhi.

Sir,

Following information in respect of transfer of permit of my vehicle No.\_\_\_\_\_\_\_\_\_ is furnished:

1. Regn. No. of the vehicle \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Permit No. of the vehicle \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Name of the present permit holder \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

i.e. Transferor

4. Name of the Transferee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Father’s/Husband’s name of the transferee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Address of the transferee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Reason for the transfer of the permit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Date of Transfer/mode of transfer

(give the date of registration of the transfer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Deed and name of the instrument through

Which transfer has taken place)

9. Whether both the Transferor/Seller and the Transferee/Buyer are falling in the same category (SC, ST, OBC, General) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We undertake that no premium payment or any other consideration arising out of the proposed transfer has been passed on or will pass on between us i.e. Transferor and Transferee and in case this turns out to be false subsequently, our transfer may deemed void ab initio. We also undertake to make the payment of requisite transfer fee and other dues in case the transfer is approved.

Seller / Transferor Buyer/ Transferee

|  |
| --- |
| **Affix passport size**  **photograph** |

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| --- |
| **Affix passport size**  **photograph** |

The above mentioned transferor and transferee whose passport size photograph affixed above signed before me and also affix their thumb impression before me on \_\_\_\_\_\_\_\_\_\_\_\_.

Name of the Inspector \_\_\_\_\_\_\_\_\_\_\_\_\_ Sig. of the Inspector \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the Transferor \_\_\_\_\_\_\_\_\_\_\_\_ Name of the Transferee\_\_\_\_\_\_\_\_\_\_\_\_

Sig. of the Transferor\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sig. of the Transferee\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_