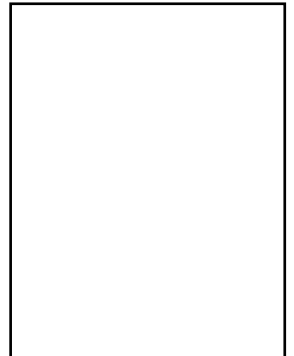


::: APPLICATION FORM FOR CAR / MOTOR BIKE PARKING PASS:::
DHUBRI MEDICAL COLLEGE & HOSPITAL, DHUBRI (ASSAM)



(USE BLACK BALL POINT PEN TO FILL UP THE FORM)

1. Name :
2. Department :
3. Date of birth:
4. Sex :
5. Vehicle Registration Number :
6. Documents Attached : (Any of the following)
 - a) Aadhar Card :
 - b) PAN Card :
 - c) License No :
7. Mobile No :
8. One Copy of Recent Pass Port size Photograph to be fix in upper right corner.

Signature of Applicant

INSTRUCTION FOR APPLYING FOR CAR PASS

1. FORM TO BE FILLED WITH PROPER DETAILS
2. XEROX COPIES:
 - A) Aadhar card/ Pan Card
 - B) Identity Card
 - C) Vehicle Registration Certificate
3. For any queries Contact :
Mr. Fakar Ali Ph.No: (9365000315)
4. NOC if vehicle is registered in someone else's name.
