## FORM D

## [See Rule 245]

## STATEMENT TO BE FURNISHED BY THE PERMIT HOLDER TO THE STATE TRANSPORT UNDERTAKING

| 1.  | Name and address of the permit holder                         | : |     |
|-----|---|---|-----|
|     |   |   |     |
|     |   |   |     |
|     |   |   |     |
|     |   |   |     |
| 2.  | Name of the route for which the permit was valid              | : | X   |
|     |   |   |     |
|     |   |   |     |
| 3.  | Permit No.  | : |     |
| 4.  | Authority which granted the permit                            | : |     |
| 5.  | Date of expiry of permit                                      | : |     |
| 6.  | Registration No. of the vehicle covered by the permit         | : | ~ 0 |
| 7.  | Whether the permit is cancelled or modified                   | : |     |
| 8.  | Date from which cancellation or modification became effective | : |     |
| 9.  | Length of the route in Kilometer on way                       | : |     |
| 10. | Length of the route curtailed                                 | : |     |
| 11. | Portion of the route curtailed (mention                       | : |     |
|     | places)   |   |     |
| 12. | Amount of compensation claimed under section 105 of the Act   | : |     |
| 13. | Remarks   | : |     |
|     |   |   |     |

I hereby declare that the particulars stated above by me against my claims for compensation under the Act, are true and correct to the best of my knowledge and belief. I enclose herewith the original permit relating to the vehicle concerned.

Note: One form to be used for each vehicle.

Place:

Date:....

Signature of the permit holder