



DELHI TRANSPORT CORPORATION
(Govt. of NCT of Delhi)

Application form for Concessional Pass

New Pass/Renewal/Refund

(To be filled in Capital Letter Only)

- 1 Name of the applicant _____
- 2 Name of Father/Husband _____
- 3 Age _____
- 4 Residential Address _____
- 5 Category of Pass Holder Tick (✓) only one

Stu- dents	Residents of Resettle- ment colonies	Freedom Fighters	Senior Citizens	Internat- ional Sportsman	Dis- abled	National Award Winners	Journa- lists	War widow & their dependant Children	Police
01	02	03	04	05	06	07	08	09	10

- 6 Type of Pass required Tick (✓) only one
- | | | |
|--------------------|------------------|----------------------|
| Destination | All Route | All Route GLS |
|--------------------|------------------|----------------------|

Information required for destination passes

- (a) Pass required: From (Place) _____ To (Place) _____ Change (Place) _____

- (b) Distance

2A

2B

(Tick (✓) 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 (✓) only one
- | | | | | | |
|----|----|----|----|----|--------|
| 01 | 02 | 03 | 04 | 05 | Months |
|----|----|----|----|----|--------|

8 Students

- (i) Name and address of the Educational Institute-----

Code No: _____

(To be filled by school/college authorities)

- (ii) Class: _____ Roll No. : _____

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

- (iii) Student Bus Pass Validity Card No.-----
(If not available paste a photograph on the application and get it attested by the principal/Head of the Institution).
- (iv) If Employed Mention Name, Address & Tel. No. of the Employer.

City: _____ Pin: _____ Tel.No.: _____

9 Disabled

- (i) Name of the Hospital Issuing disability certificate -----
- (ii) Type of degree of Disability

ORTHO(1)	DEAF (2)	BLIND (3)
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(Tick (√) only one)
- (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 _____
DD/MM/YY

(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)

Date: _____

(For Office use only)

Bus Pass validity card Number Allotted: Date of Issue:

Received Rs.:

Refunded Rs.:

Signature of Verifying Official

Signature of Cashier

- 1 Payment of Rs 10/- to be paid for preparation of each Photo bus Pass Validity 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. Bus Pass shall be renewed within last five days (if the last day of the renewal is holiday/Sunday renewal it before 4 days. Failure to do so, a reactivation charge of Rs. 10/- extra will be levied)
- 4 Bus pass charges shall be payable as per D.T.C. notification.
- 5 All charges paid are non-refundable except for bus pass charges for period of more than 1 week.
- 6 A refund charge of Rs.10/- shall be charged extra for each refund.
7. Any Miscellaneous Service by Computer. Rs. 10/- will be Charged.
8. Application will not be accepted without School Code (Item No. 8) in case of Student.
9. Bus pass is issued under standard terms and conditions of D.T.C.