

ANNEXURE-C
(The price of this form is rupee one)

The R.M. /A.M.
Himachal Road Transport Corporation,

DOWNLOADED FORM
(Charge additional Rs. 1 with pass amount as cost of this form)

(Through Proper Channel)

APPLICATION FOR MONTHLY CONCESSION PASS

Sir,

Kindly issue/renew my monthly pass No. _____ for the period
from _____ to _____ on _____ route
of your buses.

1. I am a bonafide student
of _____ school/College and I am studying
in _____ Class.
2. I am an employee of the State Government and employed in the office of
the _____ I Further certify that I am working on
regular strength in the afore3said Office/Department.
3. My age is _____ years (Date of Birth _____)
4. A sum of Rs. _____ alongwith two passport size
photographs duly attested by the Head of Office/Institute is being remitted / enclosed herewith.
5. I have fully understood the terms and conditions regarding monthly concessional pass and under take to
comply with the same.
6. Monthly pass is issued on the payment of fare and tax etc. in advance.
7. No concession is allowed for holidays falling in the months.
8. Pass holder is provided seat subject to availability otherwise he travels standee.
9. The monthly pass is not transferable.
10. No rebate or refund is admissible on account of the pass holder not utilizing the pass for the whole or
part of the month.
11. The pass holder can claim refund only for the days, the bus does not ply on the route on account of road
blockage or is otherwise suspended. He has to submit application for refund to the concerned
Regional/Assistant Manager.
12. Two passport size photographs duly attested by Head of Institution/Office is to be provided by the
applicant at his own cost for affixing the same on the pass and for office record.
13. A mutilated or torn pass is not admitted as valid.
14. In case of loss, a duplicate pass is issued on payment of Rs. 15/- being the cost of duplicate pass.

It is further certified that as stated above are correct to the best of my knowledge and belief and nothing
has been concealed.

Yours faithfully,

Dated _____

(Signature of the applicant)
and full name in capital letters
(designation in case of an employee)

Certified that the facts stated in the application are correct and renewal of the pass applied for by
Shri/Smt./Kumari _____ is recommended.

Signature
Full name in capital letters of
Head of the Institution/Office with Seal

FOR OFFICE USE ONLY

Received Rs. _____ vide receipt No. _____

date _____ issued vide renewal chit No. _____

Dated _____