

Application for requesting examination of Government vehicles**I. Name of the Department:**

Vehicle No:

Chassis No:

Engine No: -

Meter Reading:

II. Examiner of Motor Traffic / Subject Officer

The Following Breakdowns are available in this vehicle.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

Date:

Driver

III. District Secretary / Head of the Department

As Per the Driver's Suggestion, need your approval to get the report from the Examiner of Motor Vehicle

The Details regarding on the previous repairs of above parts (Page no.....)

Date:

Subject Officer

IV. Examiner of Motor Vehicle

Need your observation & recommendation on the above. I am forwarding herewith the relevant document file, register certificate of vehicle & Log book for your perusal please

Date:

District Secretary / Head of the Department

V. District Secretary / Head of the Department

Recommendations of Examiner of Motor Vehicle

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Date

Examiner of Motor Vehicle

Chief Accountant

Approved / not approved for proceed the work

District Secretary/ Head of the Department