

Department of Transport Services

REGISTRATION FORM

Name of College: _____

Course : _____ Year : _____ Branch: _____

Date of Joining the Bus Service: _____

Please paste
your recent
photograph

➤ 1. PERSONAL DATA

NAME : _____

Father's Name : _____

Contact Address:

Mobile: _____ Tel No. (Res): _____

Place of Boarding :

Nearest Landmark:

Rajasthan Group of Institutions

Bhankrota, Ajmer Road, Jaipur – 302026. Tel: 2250066, 2251276

Receipt No.: _____ **Amount:** _____ **Dated:**

Date: _____

.....

.....

(Signature of Student)

For Office Use Only

Route No.:

Pass No:

Date of Issue :

Signature

Special Remarks _____