

APPLICATION FOR THE GOA STATE PUBLIC TRANSPORT INSURANCE CONTRIBUTION SCHEME

Acknowledgement No. (for office use only): _____

1. Form to be filled legibly in English in BLOCK LETTERS *

2. Fields marked with an (*) are compulsory.

I. VEHICLE REGISTRATION DETAILS

Bus/Mini Bus Registration No*: _____

Route*: _____ FROM _____ - _____ TO _____

Stage carriage permit No.*: _____

Validity of permit*:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 (from) -

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 (to)

Fitness Valid upto*:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Passenger Tax paid upto*:

D	D	M	M	Y	Y	Y	Y
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Road Tax paid upto*:

D	D	M	M	Y	Y	Y	Y
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Booked for any Prosecution*: Yes No (Tick Any One)

Any other information: _____

II. VEHICLE INSURANCE POLICY DETAILS

Name of the Insurer*: _____

Insurance Policy No.*: _____

Validity of insurance*:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 (from) -

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 (to)

Amount of yearly Insurance*: _____

Premium Receipt No.*: _____

III. APPLICANT DETAILS

Applicant is*: Owner as Proprietor Owner as Partner (Tick Any One)

Name*: _____ (FIRST NAME) _____ (MIDDLE NAME) _____ (LAST NAME)

Mobile No.*:

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 Email: _____

Aadhaar No.*:

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ADDRESS*

House No.*: _____ Locality*: _____

Taluka*: _____ Village*: _____

Pincode*: _____

IV. BANK DETAILS

Bank name*: _____

Branch name*: _____

IFSC Code*:

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 MICR Code*:

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Account No.*: _____ Account Type*: Savings a/c Current a/c (Tick Any One)

V. DECLARATION & CONSENT TO AADHAAR

I the undersigned Shri/Smt _____ declare that this information is complete and true to the best of my knowledge.

I, holder of Aadhaar card, hereby give my consent to Government of Goa to obtain my Aadhaar number, name and fingerprints/iris for authentication with UIDAI.

Government of Goa has informed me that my identity information would only be used for the purpose of availing the service and also informed that my biometrics will not be stored/shared and will be submitted to CIDR only for the purpose of authentication.

Place: _____

Date: _____ (Applicant signature)

VI. ACKNOWLEDGEMENT FOR INSURANCE CONTRIBUTION SCHEME (For Office Use Only)

Name: _____

Acknowledgement No.: _____

Date:

D	D	M	M	Y	Y	Y	Y
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 Sign and Stamp

THE GOA STATE PUBLIC TRANSPORT INSURANCE CONTRIBUTION SCHEME

VII. ELIGIBILITY CRITERIAS

- 1) Applicant should be owner/proprietor/partner of partnership firm of the bus.
- 2) Bus shall be covered by a valid stage carriage permit to operate on intra-state route.
- 3) Bus should have a valid Fitness Certificate.
- 4) Bus should have a valid Road tax Certificate.
- 5) Bus should have a valid Passenger tax Certificate.
- 6) Bus should have a valid Insurance Certificate.
- 7) No prosecutions remarks should be booked against the bus.

Note: Beneficiaries covered under this scheme shall not be entitled for benefits under any other government schemes.

VIII. DOCUMENTS TO BE ENCLOSED

- | | | |
|--------------------------------|---------------------------------|---------------------------------|
| 1. Aadhaar Card* | 2. Fitness Certificate* | 3. Certificate of Registration* |
| 4. Insurance Premium Receipts* | 5. Proof of Road Tax paid* | 6. Bank Passbook * |
| 7. Vehicle Permit* | 8. Proof of Passenger Tax paid* | 9. Cancelled Cheque* |