

GOVERNMENT OF MAHARASHTRA

APPLICATION FORM FOR ISSUANCE OF VEHICLE E-PASS

Application Processing Location(Select the office or district)

To be issued from*

☒ Office of The District Magistrate

District*

NORTH DISTRICT ▼

Application Details(Enter Your Personal Details)

Applicant's Full Name*

jijjhhj

Purpose for Pass *

MEDICAL DUTY ▼

Vehicle No. *

mh12cr405

Driving License No. *

677363782

Mobile Number *

123345667

Please specify purpose in details *

emergency

E-mail

abc@gmail.com

Travel Details

From Date*

To Date*

Enroute Details Below*

Destination*

Declaration

I hereby solemnly affirm and declare that to the best of my knowledge and belief :

- I have not concealed or suppressed any information, the disclosure of which would make me disentitled for this Pass.
- I shall be held responsible for any misrepresentation or false information given by me while applying for this Pass.
- I hereby agree to present the proof/documents in original during inspection at the checkpoint as mentioned above.

Select i agree to proceed*

Agree* ☒