FORM KMV 20

PART-I Application for Certificate of Fitness

To

	thorised	lotor Ver	Testing		Station
•••••		• • • • • • • • •			
	y apply for the tor Vehicles Ac		a Certificate of Fitn	ess as required by	Section
Registration N	Mark of the Veh	icle			••
Name of the (Owner			•••••	••
Address of th	ne Owner			•••••	••
Place where t	he vehicle is ord	dinarily k	cept		••••
Name of man	ufacturer of veh	nicle			••
Manufacturer	s's model, or if	not know	n, wheel base	•••••	
Type of vehic	cle	•••••			
Engine Numb	er	••••			
Chassis Num	ber	• • • • • • • • • •			
Particulars of	any previous C	ertificate	of Fitness granted i	n respect of the ve	hicle
Authority by	which granted	•••••			
Date when ce	ertificate ceased	to be va	lid		•••
Reasons for c	cessation of val	idity		••••	· • • •
	for		producing	Certificate	of
Date: * Strike out v	whichever not a	pplicable	applicant	thumb Impression	of the

$\label{eq:partial} \begin{array}{l} PART-II \\ Application for renewal of Certificate of Fitness \end{array}$

To

* The Inspector Motor Vehicles/ Authorised	Testing Station
I hereby apply for renewal below:-	of the Certificate of Fitness described
Registration Mark of the Vehicle	
Type of vehicle	
Name of the Owner	•••••
Address of the Owner	
Place where the vehicle is ordinarily kept	
Number of Certificate of Fitness renewal	
Authority by which the Certificate renewed	
The date of next inspection as endorsed in if any	the Certificate of Fitness last renewed
The date of expiry of	the Certificate of Fitness
Date:	Signature or thumb impressiom of the

*Strike out whichever not applicable.