

TELANGANA STATE ROAD TRANSPORT CORPORATION

<u>APPLICATION FOR HIRING OF BUSES UNDER HIRE SCHEME</u> <u>OF T.S.R.T.C.</u>

<u>Note</u>: EACH APPLICATION IS VALID FOR ONE BUS ONLY. MINORS (UNDER AGE OF 18)
ARE <u>NOT ELIGIBLE</u> TO APPLY.

PHOTO OF APPLICANT (PASSPORT SIZE)

1. Name of the Entrepreneur (Full Name)	:	
2. Age of Entrepreneur	:	
3. Father's / Husband's Name	:	
4. Full Address for Correspondence	Village/Town/City _ Mandal	_ Dist
5. Telephone No.	: STD Code	Pin Code
7. Hire rate payable (Refer to Tender Schedule) Words	: Rs	_ per Km. (In _ only)
Details of route applied for:		
1) ROUTE: 2) TYPE OF BUS: 3) DAILY KMs.: 4) DEPOT: 5) REGION:		

- 8. If the applicant is existing operator under hire scheme of TSRTC, furnish details of Bus No., Depot attached, operating on route:
- 9. Demand draft particulars of Application Fee (Non-refundable) and Caution Deposit:

S. No.	Particulars	D.D. No.	Date	Amount	Name Of Bank
1.	Application Fee of Rs.2950/- (Application fee Rs.2500/- + 18% GST Rs.450/-, Non- refundable)				
2.	Caution Deposit Rs.1,00,000/- per bus				

Note:

- 1. D.Ds to be drawn in favor of CURRENT A/C, Dy.CAO, TSRTC (or) AO, TSRTC of the concerned Region.
- 2. Original D.Ds to be enclosed along with the application.

(Caution Deposit)_____(in words).

3. Please mention the Name, mobile number, Region, Depot, route applied on the back side of D.Ds.

DECLARATION

I am willing to operate bus on the route allotted by TSRTC as per the Terms & Conditions of Tender Notification/Tender Schedule failing which, I understand that the allotment gets cancelled automatically without any further notice or correspondence. The particulars furnished above are correct.

correspondence. The part	ciculars furnished abo	without any ve are correct.	further	notice	or
PLÁCE:					
DATE:					
		SIGNATURE OF	THE ENTR	EPRENE	UR
Note: All columns are to be application will be tr	filled properly. Failu eated as INVALID.	re to fill any col	umn, such		
	FOR OFFICE USE (ONLY			_
ACKNOWLEDGEMENT	OF REFUND OF CAUT	TION DEPOSIT D	EMAND DR	RAFT	
Received D.D. No	Dated:	for an am	ount of R	s	/-

SIGNATURE OF THE ENTREPRENEUR