APPLICATION FORM FOR MHA PARKING LABEL

FORM – A

(For use by Ministries/Department, Offices of the Central Government, State Governments and UT Administrations).

1. Registration number of the vehicle for which car parking label is required.

2. Name & Designation of the officer with whom vehicle is attached.

3. Name & Address of the Ministry/Department/Office (including name of the building where the office is located)

4. Status of the Organization (whether a Ministry/Department, Office of the Central Government/ State Government/ UT Administration)

5. Number of four wheelers owned by the Organization.

6. Registration number(s) of vehicle(s), if any, for which car parking label(s) has/have already been issued by MHA during the current calendar year.

7. Indicate strength & number(s) of officers in column (a) to (f) and give the total number of officers in the rank of Joint Secretary and above.

   (a) Minister
   (b) MOS
   (c) Secretary
   (d) Special Secretary
   (e) Additional Secretary
   (f) Joint Secretary

   Total

8. Justification for issue of a car parking label:

Signature of the Applicant with seal (by name)
Tel. No.

Date

NOTE:

1. The application should be signed by an officer not below the rank of Under Secretary to the Government of India, in-charge of Administration/Resident Commissioner of State Government.

2. Attested copy of Registration Certificate of the vehicle to be attached.
APPLICATION FORM FOR MHA PARKING LABEL

FORM B

(For use by Corporations, Undertaking etc. of Central Government, State Government and UT Administrations)

1. Registration number of the vehicle for which car parking label is required

2. Name & Address of the Organization:
   (including name of the building where the office is located)

3. Status of the Organization:
   (whether a Corporation of Public Sector Undertaking of the Central Government including Schedule Under which covered/ State Government/UT Administration)

4. Number of four wheelers owned by the Organization

5. Registration number(s) of vehicle(s), if any, for which car parking label(s) has/have already been issued by MHA during the current calendar year

6. Justification for issue of a car parking label:

Signature of Applicant
with seal (by name)
Tel. No.

Date:

NOTE

1. The application should be signed by an officer not below the rank of General Manager in Undertakings/corporation.

2. Attested copy of registration certificate of the vehicle to be attached.
APPLICATION FORM FOR MHA PARKING LABEL

FORM – C

(For use by Institutions/Organizations other than Ministries/Departments/Offices/Corporations/Undertakings, etc. of the Central Government, State Government and UT Administrations).

1. Registration number of the vehicle for which car parking label is required.

2. Name & Address of the organization (including name of the building where located).

3. Status of the Organization (whether an autonomous body, Cooperative Society, NGO, etc.).


5. Registration number(s) of vehicle(s): if any, for which car parking label(s) has/have already been issued by MHA during the current calendar year.

6. Nature and frequency of interaction of the organization with Ministries located in North Block (viz. MHA, MOF and DOPT).

7. Full justification for issue of a car parking label applied for.

Signature and designation of the authorized signatory with seal (by name)
Tel. No.

Date:

NOTE

1. The application should be signed by the Head of the Administration of the institution/Organization.

2. Attested copy of registration certificate of the vehicle to be attached.
APPLICATION FORM FOR MHA PARKING LABEL (Four Wheeler)

FORM - D

(For use by officers of the Ministries/Department located at North Block or their administration section are located at North Block, for their personal vehicles).

1. Registration number of the vehicle for which car parking label is required.

2. Name, designation and official address of the applicant (including name of the building where the office is located).

3. Residential address of the applicant.

4. Whether the vehicle is registered in the name of the applicant? Yes/No

5. If the answer to the question at Sl. No. 4 is NO:
   (i) Name of the person in whose Name the vehicle is registered.
   (ii) His/her relationship with the applicant: and
   (iii) His/her residential and office Address (including designation/post held, if employed)

6. Registration number(s) of vehicle(s), if any, registered in the name of the applicant and/or in the name of his/her relation mentioned in reply to the question at Sl. No. 5(i) above, for which car parking label(s) has/have already been issued by MHA during the current calendar year.

7. Full justification for issue of car parking label.

DECLARATION

I hereby certify that the information given by me in this application is correct and that no material information has been withheld. I also undertake that the above vehicle will not be used for commercial purposes.

Date: ____________________________

Signature of applicant

Tel. No. __________________________

Certified that Shri/Ms……………………………..of Ministry of………………………………………………

(1) is presently posted at North Block,
   or
(2) his/her administration section is located at North Block.

Under Secretary (Administration)
Tel no. __________________________

With seal (By name)

Note:

Attested copy of Registration Certificate of the vehicle and copy of MHA Identity Card to be attached.
APPLICATION FORM FOR MHA PARKING LABEL (Two Wheeler)

FORM - E

(Application form for the central govt. Employees working in North Block for issue of scooter/motor-cycle parking label.)

1. Registration number of the Scooter/Motor Cycle for which label is required:

2. Name, designation and official address of the applicant (including name of the building where the office is located):

3. Residential address of the applicant:

4. Whether the vehicle is registered in the name of applicant:
   Yes/No

5. If the answer to the question at Sl. No.4 is NO:
   (i) Name of the person in whose Name the vehicle is registered.
   (ii) His/her relationship with the applicant: and
   (iii) His/her residential and office Address (including designation/post held, if employed)

6. Registration number(s) of other vehicle, if any, registered in the name of the applicant and/or in the name of his/her spouse for which MHA parking label(s) has/have already been issued during the current calendar year:

7. Full justification for issue of Scooter/Motor Cycle parking label:

DECLARATION

I (name)________________________________________certify that the information given by me under column 1 to 7 of the above application is correct and that no material information has been withheld.

Date: ________________________________

Signature of applicant

Tel. No.__________________

Certified that Shri/Ms..............................of Ministry of..................................................

(1) is presently posted at North Block,
or
(2) his/her administration section is located at North Block.

Under Secretary (Administration)
Tel. No.__________________

Note:

Attested copy of Registration Certificate of the vehicle and copy of MHA Identity Card to be attached.
APPLICATION FORM FOR MHA PARKING LABEL

FORM –F

(For use by Media Persons)

1. Registration number of the vehicle for which car parking label is required :

2. Name of the applicant :

3. Residential address of the applicant :

4. Occupation/Official address (including the post held and the name of the organization) :

5. Whether the vehicle is registered in the name of the applicant : Yes/No

6. If the answer to the question at Sl. No. 5 is negative:-
   (i) Name of the person in whose name the vehicle is registered.
   (ii) His/her relationship with the applicant and
   (iii) His/her residential and office address (including designation /post held, if any).

7. Registration number(s) of vehicles(s), if any, registered in the name of the applicant and/or in the name of his/her relation mentioned in reply to the question at Sl. No. 6(i) above, for which car parking label(s) has/have already been issued by MHA during the current calendar year.

8. Full justification for issue of car parking label :

   Signature of applicant
   Tel. No.

   (i) It is certified that Shri/Ms. ________________________ is an employee/correspondent of ________________________ (National daily, News Magazine, News Channel). It is also certified that not more than two employees/correspondents, including the applicant of this (National daily News Magazine, News Channel) have been issued MHA car parking labels.

   Signature of Authorized Signatory with Designation

   Recommended/Non Recommend that a parking label be issued to
   Shri/Ms. ________________________ of ________________________ as per details above.

   Note: Attested copy of Registration Certificate of the vehicle and copy of PIB Card to be attached.
APPLICATION FORM FOR MHA PARKING LABEL

FORM –G

(For use by Private Individuals)

1. Registration number of the vehicle for which car parking label is required.

2. Name of the applicant

3. Residential address of the applicant

4. Occupation/ Official address (including the post held and the name of the organization

5. Whether the vehicle is registered in the name of the applicant. Yes/No

6. If the answer to the question at Sl. No. 5 is negative:-
   (i) Name of the person in whose name the vehicle is registered.
   (ii) His/her relationship with the applicant; and
   (iii) His/her residential and office address (including designation/post held, if any).

7. Registration number(s) of vehicles(s), if any, registered in the name of the applicant and/or in the name of his/her relation mentioned in reply to the question at Sl. No. 6(i) above, for which car parking label(s) has/have already been issued by MHA during the current calendar year.

8. Full justification for issue of car parking label.

DECLARATION

I hereby certify that the information details given by me in this application are correct and that no material information has been withheld.

Signature of Applicant

Date

NOTE:

Note: Attested copy of Registration Certificate of the vehicle and copy of MHA Identity Card to be attached.
CERTIFICATE/UNDERTAKING

Certified that the Vehicle No._________________________________ registered in the name of _____________________________ who is resident of _________________________________ and who is my* ______________________________ is in my possession and regular use by the undersigned.

2. Also certified that no other vehicle is registered in my name or in the name of my spouse. I hereby undertake to use the said vehicles with the MHA parking Label for official purpose only and ensure to prevent its misuse in any manner.

3. I undertake to return the Parking Label, to the Ministry of Home Affairs as soon as the Vehicle ceases to be in my possession or regular use.

New Delhi
Date
SIGNATURE
NAME(CAPITAL LETTER)
ADDRESS
I.Card No.
Mobile No.

* Please indicate relationship.