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Form-1.**Survey Form for Condemnation of Vehicle(s)****(To be filled by the Concerned Department)**

NO: _____

1	Name of the Department.	
2	Name & address of the registered owner of the vehicle.	
3	Registration Number of the Vehicle.	
4	Date of Registration.	
5	Date of Stalling.	
6	Engine Number.	
7	Make of Vehicle	
8	Year of Manufacture/Model.	
9	Book Value.	
10	Chassis Number.	
11	Mileage Covered as on Date.	
12	Fuel used.	
13	Token tax paid up to.	
14	Un-laden weight.	
15	Revenue Account Head of the Department.	
16	Reason of Condemnation.	

It is certified that :-

i) Information given herein above is correct.

ii) The vehicle is not involved in any accident case/court case/hypothecation.

iii) No vehicle has been purchased in replacement against the aforementioned vehicle till date.

**Seal & signature of the Registered Owner
As per Registration Certificate (RC)**

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Form-2**Survey Form for Condemnation of Vehicle(s)**

(To be filled by the Survey Committee)

NO: _____

1	Name of the Department.	
2	Vehicle No.	
3	Make.	
4	Place of Inspection.	
5	Dated of Inspection.	
6	<u>Condition of Vehicle.</u>	
	i) Engine.	
	ii) Chassis & Body.	
	iii) Transmission.	
	iv) Tyre.	
7	Recommendations of the Survey Committee.	

It is certified that the requirements as laid down in the Government Order No: 06-TR of 2011 dated 12/01/2011 are fulfilled.

**Representative of the
Concerned Department
(Member)**

**Deputy General Manager,
JK,RTC
(Member)**

**Executive Engineer,
Mechanical Division Kashmir
(Member)**

**Deputy Director,
State Motor Garages Department, Kashmir
(Convener)**

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15	Revenue Account Head of the Department.	
16	Reason of Condemnation.	

It is certified that :-

i) Information given herein above is correct.
ii) The vehicle is not involved in any accident case/court case/hypothecation.
iii) No vehicle has been purchased in replacement against the aforementioned vehicle till date.

Seal & signature of the Registered Owner
As per Registration Certificate (RC)

(Continued on page No.2)

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Form-2**Survey Form for Condemnation of Vehicle(s)**

(To be filled by the Survey Committee)

NO: _____

1	Name of the Department.	
2	Vehicle No.	
3	Make.	
4	Place of Inspection.	
5	Dated of Inspection.	
6	<u>Condition of Vehicle.</u>	
	i) Engine.	
	ii) Chassis & Body.	
	iii) Transmission.	
	iv) Tyre.	
7	Recommendations of the Survey Committee.	

It is certified that the requirements as laid down in the Government Order No: 06-TR of 2011 dated 12/01/2011 are fulfilled.

Representative of the
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(Member).

Deputy General Manager,
JK,RTC
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State Motor Garages Department, Jammu.
(Convener).