

FORM 42

[Refer Rule 76(1)]

**APPLICATION FOR REGISTRATION OF MOTOR VEHICLE BY OR ON
BEHALF OF DIPLOMATIC/CONSULAR OFFICER**

(To be forwarded through the competent authority in triplicate)

To

The Registering Authority,

.....

1. Full name, designation and address of the diplomatic officer/consular officer/full name, address and station of the diplomatic mission/consular office or post
2. Age of the person to be registered as registered owner
- 2a Mobile number of the person to be registered as registered owner
3. Name and address of the person from whom the vehicle was purchased/name of the port through which the vehicle was imported/name of the person or company from whose bonded stocks the vehicle was purchased and the name of the port
4. Country from which imported
5. Class of vehicle
6. Type of body
7. Maker's name
8. Year of manufacture
9. Number of cylinders
10. Horse power
11. Maker's classification or if not known, wheel base
12. Chassis No.
13. Engine No. or motor number in the case of Battery Operated Vehicles
14. Seating capacity (including driver)
15. Unladen weight
16. Particulars of previous registration and registered number (if any)
17. I hereby declare that the vehicle has not been registered in any other State in India
18. Colour or colours of body, wings and front end
19. Number, description and size of tyres :
 - (a) Front axle
 - (b) Rear axle
 - (c) Any other axle
20. Maximum laden weightkgs.

21. Maximum axle weight (to be furnished in the case of heavy motor vehicles only):—

- (a) Front axlekgs.
- (b) Rear axlekgs.
- (c) Any other axlekgs.

The above particulars are to be filled in for a rigid frame motor vehicle of two or more axles.

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Signature of the applicant

FOR USE IN THE MINISTRY OF EXTERNAL AFFAIRS (PROTOCOL DIVISION)
OR IN THE OFFICE OF THE CHIEF SECRETARY OF THE
STATE GOVERNMENT CONCERNED

Certified that.....(name and designation) is a diplomatic officer/consular officer recognised by the Government of India and that he/she is not entitled to exemption from payment of registration fees.

Place

Signature of the officer

Date.....

Designation.....