

GOVERNMENT OF WEST BENGAL

OFFICE OF THE DISTRICT MAGISTRATE, DARJEELING
MOTOR VEHICLE DEPARTMENT

**Special Permit
For Restricted Route**

Permit No. /M.V. Date.....

Name of Registered owner

Registration mark of Vehicle

1. *Chassis No.*

2. *Engine No.*

Route

Valid From *to*

Purpose for Issue of Permit

**Regional Transport Officer,
Darjeeling**