

**The Karnataka Motor Transport Workers Rules, 1964:**

  
**FORM - 'I'**  
[See Rules 4 & 8]



**Application for Registration and Grant or Renewal of Certificate of Registration:**

1. Name of Motor Transport undertaking:	
2. Full address to which communications relating to the motor transport undertaking should be sent:	
3. Nature of Motor Transport Service, e.g., City Service, long distance passenger service, long distance freight service:	
4. Total number of routes:	
5. Total route mileage:	
6. Total number of Motor Transport workers on the last day of the preceding year:	
7. Maximum number of Motor Transport workers employed on any day during the year:	
8. Full names and residential addresses of the – (i) Proprietor and partners of the Motor Transport undertaking in case of a firm not registered under the Companies Act, 1956; or (ii) General Manager in case of a public sector undertaking	
9. Full name and residential addresses of the Directors in the case of a company registered under the Companies Act, 1956.	
10. Amount of fee Rs. ....(Rupees ..... Paid in ..... Treasury on .....(vide challan No. ....	

Dated .....

(Signature of the employer)

Note: This form should be completed in ink in block letters or typed.

**The Karnataka Motor Transport Workers Rules, 1964:**

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**F O R M - 'XIII'**  
[See Rule 37]

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**Annual Return**

1. Name of Motor Transport undertaking:	
2. Postal address:	
3. Average number of workers employed daily:	Adults: Adolescents:
4. Normal hours worked per day:	Adults: Adolescents:
5. What rest intervals were given:	Adults: Adolescents:
6. The number of workers exempted from the provisions of Sections Leave with wages ...	Adults: Adolescents:
7. (i) No. of workers who are entitled to annual leave with wages during the calendar year to which this return relates: (ii) No. of works who were granted leave during the year: (iii) No. of workman discharged or dismissed from service during the year: (iv) No. of discharged workers paid wages in lieu of leave; (v) Total amount of wages paid in lieu of leave:	Adults: Adolescents:  Adults: Adolescents:  Adults: Adolescents:  Adults: Adolescents:

Dated .....

(Signature of the employer)

Note: This form should be completed in ink in block letters or typed.