



GOVT.OF NCT OF DELHI  
MAULANA AZAD MEDICAL COLLEGE: NEW DELHI-110002

SECURITY CELL  
PERFORMA FOR ISSUANCE OF PARKING LABEL FOR MAMC CAMPUS

1. Name & Designation of the Officer/Official & I. D No. ....
2. Residential Address of the Applicant & (Mobile No) .....
3. Name of the Officer/Deptt. ....  
Which posted &
4. Parking label required for .....  
Motor Car/Motor cycle/Scooter
5. Vehicle No. & Make .....
6. Name of the owner .....  
(With relationship)
7. Enclose copy of registration Certificate of vehicle and copy of ID Card. Also mention Previous label No. if renewal case.....

Signature of the applicant

Name, Signature & Designation Of  
the recommending officer with..... (Stamp)

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OFFICE USE:-

Issuance of Vehicles parking label No .....Dated.....

Security In charge  
MAMC

Signature of Receiving Vehicles Label