DELHI TRANSPORT CORPORATION

DELHI-LAHORE-DELHI BUS SERVICE

RESERVATION / CANCELLATION FORM

To
The Terminal Manager,
Dr. Ambedkar Terminal,
Delhi Gate, Delhi.

If you are a Medical Practitioner
Please tick (✓) in Box below.
You could be of help in an emergency.

Doctor ☐

Date of Journey …… No. of Seats……

S. No.	Name (in Block Letters)	Sex M/F	Age	Passport			Visa		
				Country	No.	Valid upto	Date	No.	Valid upto
1									
2									
3									
4									
5									
6									

Name of the Applicant ……
Full Address ……
……

Telephone No. …….

Date …… Time …….

Signature of the
Applicant / Representative

FOR OFFICE USE ONLY

S. No. of the Requisition …….
Seat No. …… Amount collected Rs. ……...

(Signature of Authorised Official)

Note:
1. Valid travel documents (Passports, Visas etc.) are required to be produced for reservation.
2. Forms not properly filled in or illegible shall not be entertained.
3. Please check your ticket & balance amount before leaving the window.