



**DELHI TRANSPORT CORPORATION**  
**DELHI-KATHMANDU-DELHI BUS SERVICE**

**RESERVATION / CANCELLATION FORM**

To

The Terminal Manager  
 Dr. Ambedkar Stadium Bus 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 ..... From.....To.....No. of Seats.....

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

Name of the Applicant .....

Full Address .....

Telephone No. ....

Signature of the Applicant

Date ..... Time .....

**FOR OFFICE USE ONLY**

S. No. of the Requisition .....

Seat No ..... Amount collected Rs. ....

**(Signature of Authorised Official)**

Note:

- Valid travel documents (Photo identity Proof/Passports, Visas etc.) are required to be produced for reservation.
- Forms not properly filled in or illegible shall not be entertained.
- Please check your ticket & balance amount before leaving the window.