<u>FORMAT –I [For Applicant's]</u> THE MOTOR ACCIDENT TRIBUNAL GANDHINAGAR-GUJARAT

- [To be filled in details for Applicant's individually]
 * Bank A/c. must be in any of the Nationalized Bank Only.
 * The Claimants details should be filled up for all the Claimants.

Applicant's Details								
(In Case of Minor, Details of Gurdian be filled – up)								
First Name :				• /				
Middle Name								
Surname								
Address								
	Taluka	a: Dis	strict:	Pincode-				
Ph. No. /Mo.	E-mai	l Id :						
Sex (M) (F) (T)	Age:			Category:				
Nationality	Occup	ation		GEN/OBC/SEBC/SC/ST				
		Details of Claiman	ıt's					
[Self Attested Copy of PAN card, 1	st Page of	f Bank Passbook with	Recent 1	Photograph attached herewith				
Name of Bank & Branch								
Bank Account Number								
IFSC Code								
Aadhaar Number (Copy attached)								
Pan Card Number								
Incometax assessee -Yes / No								
(in case of the application is								
so pending, to provide the								
application / Reference No)								
Note: In case of more than 1 Applicants above mention information is to be								
provide in separate Format-III								
provide in separate rormat-in								
Case Detail's								
Interim Application : Yes/No			Injury () Damage ()				
Subject/Claim Amount	Court	Fees Rs) zwiiwst ()				
Rs		nping –Cash-Onlir		an No				
Act :				110				
Section:		Date of Accident	•					
section .	Police	Station Detail						
Place of Accident :	1 Unc	Cotation Detail						
Police Station Name :								
(With Taluka/District)								
F.I.,R.No with Year:								
F.I,.K.No with Year:								
N	A	lvocate's Details						
Name								
Middle Name								
Surname Fundament Namehan C/		E M.:1						
Enrolment Number G/		E-Mail						
Mobile Number								
Date:		Name	e :					
Place:		Ciana	ture :					
1 1acc .		Siglia	uui					

FORMAT-II

THE MOTOR ACCIDENT TRIBUNAL GANDHINAGAR-GUJARAT

[To be filled in details for Opponents individually] The Opponents details should be filled up for all the Opponent/s First Party First Name Middle Name Surname Full residing address Taluka District Second Party First Name Middle Name Surname Full address Taluka District Insurance Company Name of Insurance Company (Where Vehicle Insuranced) (If not insured, please add Party Name) Address: Taluka District Phone No. E-mail ID Date: Name:.... Place: Signature:.... **For Office Use Only** Case Type: Filling No. : Filling Date: Obj. Raised Date: Obj. Compliance Date: Registration No. : Registration Date: Listing Date: Purpose: Allotted To Court: Allocation Date:

Filing Done By

Objection Raised By

Registration Done By

Allocation Done By

FROMAT - III [In case of more than one Applicant] THE MOTOR ACCIDENT TRIBUNAL GANDHINAGAR-GUJARAT

[To be filled in details for Applicant's individually]

- * Bank A/c. must be in any of the Nationalized Bank Only.
 * The Claimants details should be filled up for all the Claimants.

Applicant's Details (In Case of Minor, Details of Gurdian be filled – up)								
								First Name :
Middle Name								
Surname								
Address								
	Taluka :		District:	Pincode-				
Ph. No. /Mo.	E-mail Id :	•						
Sex (M) (F) (T)	Age:			Category: GEN/OBC/SEBC/SC/ST				
Nationality	Occupation	n						
Bank Details of Claimant's								
[Self Attested Copy of PAN card, 1st Page of Bank Passbook with Recent Photograph attached herewith								
Name of Bank & Branch								
Bank Account Number								
IFSC Code								
Aadhaar Number (Copy attached)								
Pan Card Number								
Incometax assessee -Yes / No								
(in case of the application is								
so pending, to provide the								
application / Reference No)								
	Advoc	ate's Det	tails					
Name								
Middle Name								
Surname								
Enrolment Number G/	E-N							
Mobile Number								
Date:	I		Name :					
Place :		;	Signature :					