

APPLICATION FORM

FOR

AMBULANCE

(For Certification by Committee for Registration of Ambulances in Delhi)

1. Applicant Details

Name of the Applicant (in Block letters) :

Name of the owner of the vehicle :

Address of Applicant :

2. Vehicle Details

Vehicle Make & Model :

Chassis No. :

Engine No. :

Vehicle Colour :

Purchased from :

Invoice No. & Date :

3. Organisation Details

Name of the Organisation (in Block letters) :

Address :

Contact details

Phone Nos. :

Email ID :

Nature of activities :

No. of Ambulances already owned by Organisation:

ALS: BLS: PTA:

• **Emblems and Makings, etc.**

S. No.	Requirements	Details
1.	There shall be no. "Star of Life"	
2.	Shall display the words "patient Transport Ambulances" and the name of the licensee in letters a minimum of 8 cm in height, on each side of the ambulance	
3.	Siren and beacon will be as per provisions under Central Motor Vehicle Rules under Motor Vehicles Act.	
4.	There shall be no color strip	

• **Interior Patient Compartment Dimensions**

S. No.	Requirements	Compliance
1.	Minimum Patient Compartment Length: 1600 mm	
2.	Minimum Patient Compartment Width: 940 mm	
3.	Minimum Patient Compartment Height: 1000 mm	

• **Medical Equipment**

S. No.	Requirements	Compliance
1.	Resuscitation kit	
2.	First aid box	
3.	Ambu bag set Oropharyngeal airways	
4.	Oxygen cylinder and accessories	

Declaration

- It is hereby declared that the information furnished by me above is true & correct to the best of my knowledge and belief.
- I hereby undertake to abide by all instructions/ conditions for certification of patient transport ambulance as determined by the committee.
- I hereby specifically undertake that the aforesaid ambulance shall continue to meet the prescribed standards and that all the equipments placed on the ambulance shall be in working condition at all times.
- The vehicle shall not be used otherwise than ambulances under any circumstances.
- I understand that the requested certification is liable to be withdrawn in case any of the prescribed conditions is flouted.
- I shall submit a copy of registration certificate within 15 days of registration of the ambulances by transport Department, Govt. of NCT of Delhi.

Signatures : _____

Name : _____

Designation : _____

Seal :

Date

Place.....