

**NATIONAL HIGHWAY AUTHORITY
Admn Wing (Transport Section)**

VEHICLES FAULTS REPORT

Vehicle No _____ Make / Type _____ Model _____
 Detailed with: Name _____ Designation: _____
 Name of Driver _____ Contact No _____
 Present Meter Reading _____ Meter Reading at the time of last such
 repair / maintenance _____ Date _____ Head of
 Account / Project of Vehicle _____

Defect / Faults reported by the Driver / User

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |

Name of Officer / PS / PA _____ Driver's Name _____
 Designation: _____ Signature _____
 Signature _____ Date _____
 Date _____

Recommendations of Motor Vehicle Examiner

Sr. No.	Description / Fault	Recommended / Not Recommended	Remarks
1.			
2.			
3.			
4.			

Signature _____
Name _____
Date _____

Recommendation of Superintendent (Transport) on the recommendations of Motor Vehicle Examiner.

Signature _____
Name _____
Date _____

AD (Transport)

Deputy Director (E-I)

Director (Establishment)