



Superintendent of Police, Traffic, Goa

Traffic Police HQs, Old IPHB Complex,
Altinho, Panaji-Goa 403001

Phone No.: 0832-2426580 Fax No.: 0832-2422112

E-mail: sptrafficgoa@gmail.com



APPLICATION FOR APPOINTMENT AS TRAFFIC WARDEN

(To be submitted to office of concerned Traffic Cell)

- Note:- (i) Strike whichever is not applicable.
(ii) Add separate sheet if required, duly signed.
(iii) Give additional photograph for the Identity Card.

1. Full Name (in block letters): _____

2. Father's Name: _____

3. Height (Cms.): _____

Date of Birth: _____ Blood Group: _____

4. Physical disability, if any: _____

5. Permanent Address: _____

Telephone No. (R): _____

Mobile No.: _____

E-mail address: _____

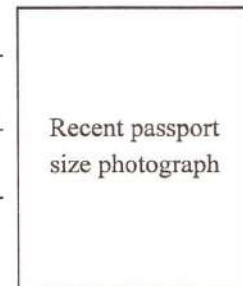
6. Present Address: _____

Telephone No.: _____

Mobile No.: _____

E-mail address: _____

7. Place with complete addresses
where resided during last 5 years: _____



Recent passport
size photograph

8. Occupation/Profession: _____
(Give complete details of service business and place of work. Attach visitor card, if available)
9. Whether applicant is the owner of any _____
transport vehicles or run any transport
company/driving school etc. (Yes/No).
If yes, details _____
10. Whether applicant
of any political party (Yes/No): _____
11. Social activities, if any: _____
12. Registration number of vehicle(s) regularly used by applicant:-
Car No.: _____ Scooter No.: _____ M/Cycle No.: _____
13. Experience in Traffic
Management (if any): _____

14. I certify that the information given above is correct. I also declare that I have understood the instructions governing Traffic Warden Scheme issued by Traffic Unit Goa Police and I will abide by applicable rules and instructions.

Date:

(SIGNATURE)

NAME :- _____

**VERIFICATION REPORT BY POLICE INSPECTOR OF THE AREA
POLICE STATION (Tick the relevant column)**

Certified that I have checked relevant records in respect of application and:-

- (a) Found **nothing adverse** against the applicant. I consider him **fit** for appointment as a Traffic Warden at Traffic Cell
- (b) **Found adverse** against the applicant. I consider him **Not Fit** for appointment as a Traffic Warden at Traffic Cell

If adverse details _____

Signature: _____
of Inspector, Police Station.

RECOMMENDATION OF TRAFFIC INSPECTOR OF THE AREA:

Signature (with stamp): _____

RECOMMENDATION OF CONCERNED DYSP (TRAFFIC):

Signature (with stamp): _____

RECOMMENDATION OF SP (TRAFFIC):

Recommended

or

Not Recommended

Signature of SP (Traffic): _____
(with stamp)