

### DRIVER DETAILS FORM

Team ID			
Team Name			
College Name			
Captain Name		Contact No.	
Faculty Advisor Name		Contact No.	

S.No.	Description	Details of Main Driver	Details of Co-Driver
1	Name		
2	Contact No.		
3	Driving License No.		
4	Medical Insurance No.		
5	College Register No.		
6	Date of Birth		
7	Blood Group		
8	Parent Name		
9	Parent Contact No.		

**Note:** Copy of following document must be submitted: *License, Medical Insurance, Aadhaar Card and College ID*

**\*Once drivers approved from Organizing Committee, driver change will not be allowed.**

SIGNATURE OF MAIN DRIVER

SIGNATURE OF CO-DRIVER

SIGNATURE OF TEAM CAPTAIN

SIGNATURE OF FACULTY ADVISOR