



Round 2 of the FMSCI INRC 2025

RECCEE VEHICLE REGISTRATION FORM

Comp No.

1. Name of the Entrant : _____

2. Address : _____

_____ Tele. No _____

3. Name of the Driver : _____

4. Name of Co-Driver : _____

5. Registration No. of Vehicle : _____

6. Make / Model of Vehicle : _____

7. Colour of Vehicle : _____

8. Insurance Company Name : _____

9. Insurance Validity From : _____ To : _____

Signature of the Driver

Signature of the Co-Driver

Remarks: