

**APPLICATION FORM FOR ENROLMENT AS TRAFFIC MARSHAL
WITH CHANDIGARH TRAFFIC POLICE**

Name:

Contact Address:

Phone Number:

Email ID:

Aadhaar Card No.:

D.O.B/ Age:

Education Qualification:

Employment Details:



**(Paste Recent
photograph)**

Community Activities (list organizations and your involvement)

Whether earlier served as Traffic Marshal:

Availability: Once a Week / Once a Fortnight / Once a Month

Preferred Hours: Early Morning / Afternoon / Evening / Late Night

Preferred Role: Traffic Enforcement / Road Safety Education / Both

Date _____

Signature _____

**PLEASE SUBMIT THIS FORM IN THE OFFICE OF
THE SENIOR SUPERINTENDENT OF POLICE, SECURITY AND TRAFFIC,
U.T. POLICE HEADQUARTERS, SECTOR-9-D, CHANDIGARH
OR EMAIL SCANNED COPY AT psspst@chd.nic.in**

Telephone: 0172-2740007

Tele Fax: 0172-2749797

Email: psspst@chd.nic.in

