



RESERVATION OF VEHICLE

Name of the Applicant : _____

Designation of the Applicant : _____

Faculty / Department : _____

Purpose : _____

Required vehicle	:	Van	Threewheel

Number of persons travelling : _____

Place/s proposed to travel : _____

Place to which the driver should report : _____

Days required : From _____ To _____

Contact Numbers : _____

Mode of Payment : _____

Date

Signature of Applicant

Recommendation of the Head of Department

----- For office use only -----

Final Approval for Reservation : Approved/Not approved

Reason, if not approved :

.....
Director/CDCE

.....
DR /AR CDCE

Cc:- (i) Security Office