



Form ID: DYP CET: Transport/01

Date: \_\_\_\_\_

## **INDENT FOR BUS TRANSPORT**

1. Department/Other Institute: \_\_\_\_\_
2. Name of Staff Coordinator: \_\_\_\_\_ Contact No \_\_\_\_\_
3. Bus required on: (Date) \_\_\_\_\_ Place of Travel: \_\_\_\_\_
4. Purpose: \_\_\_\_\_
5. Duration of Travel from (Date) \_\_\_\_\_ Time \_\_\_\_\_ to (Date) \_\_\_\_\_ Time \_\_\_\_\_
6. Number of Students: \_\_\_\_\_ Pick up point \_\_\_\_\_ Drop Point \_\_\_\_\_

### **Instructions: -**

- (a) Bus will be available only on Holidays or between working hours on working days
- (b) Bus use will be for travelling within the sanctioned bus route and for academic purpose only.
- (c) RTO Permit has to be taken by concern Department /Other Institute if bus required for other route.
- (d) NOC from the Student has to be taken by concern Department and Staff Coordinator
- (e) In case of Holiday DA of Rs 500/-to be paid to Driver by concern institute.
- (f) Diesel charges should be paid by concern Institute

**Signature of Staff Coordinator**

**Head of Department/Institute**

**Note:** - Forward the indent to Transport In charge at least 48 hours in advance duly signed by all authorities & one photocopy to be submitted to Concern Bus Driver

----- **For Office Use** -----

Name of Driver: \_\_\_\_\_ Bus Number: \_\_\_\_\_ Distance(km) \_\_\_\_\_

Applicable to other institutes: Diesel (1L /5km) \_\_\_\_\_ Amount (Rs) \_\_\_\_\_ Paid by \_\_\_\_\_

**Transport In charge**

**Registrar**

**Principal**

Feedback of Visit \_\_\_\_\_

Remark of Transport In charge (TA/DA) \_\_\_\_\_

Sanctioned By: \_\_\_\_\_

Approved By AICTE, New Delhi, Recognised by Govt. of Maharashtra & Affiliated to Shivaji University, Kolhapur.