



Form ID: DYPCET: Transport/002

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 Student: _____ Pick up point _____ Drop Point _____

Instructions: -

- (a) This bus is only for travelling within the sanctioned bus route and for academic purpose only.
- (b) Bus will be available only on Holidays or between working hours on working days
- (c) Permission of RTO 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

----- **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

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

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