



Form ID: DYP CET: Transport/02

Date: _____

APPLICATION FOR BUS PASS

Name of Student _____

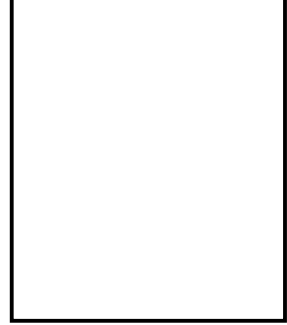
Institute _____

Department _____ Class _____ Division _____ Roll No _____

Residential Address _____

Route _____ Pick up Point _____

Mobile No of Student _____ What's app no _____ Emergency Contact No _____



Instructions: -

1. Bus Pass is for one academic Year.
2. Bus Service is not available on Sunday and Holidays.
3. Bus Timing and stops are as per the convenience of college
4. Bus pass & individual ID card is compulsory while traveling by college bus.
5. Students should travel only by the bus route indicated in the bus pass and they should board And alight at the same point in the route.

Student Signature

Parent Signature

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

Route _____ Pick up point _____ Bus Pass Fee (Rs) _____ For Period _____

Transport In charge

Accountant

Principal/Registrar

Note: - Attach fee receipt along with this form and submit to Transport In charge to issue bus pass

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