



Form ID: DYPCET: Transport/002

Date: _____

INDENT FOR BUS TRANSPORT

1. Department /Institute: _____
2. Name of Staff Coordinator: _____
3. Contact Number of Staff Coordinator: _____
4. Bus required on: (Date) _____ at (Time) _____ Place of Travel: _____
5. Purpose: _____
6. Duration of Travel From (Date) _____ to (Date) _____
7. Number of Student: _____
8. Name of Driver: _____ Bus Number: _____
9. Applicable for other institute: Total Distance(km) _____ Diesel (1L /5km) _____

Staff Coordinator Signature

Head of Department/Institute

Instructions: -

- (a) This bus is only for travelling within the Kolhapur district and for academic purpose only.
- (b) Permission of RTO has to be taken by concern Department /Institute if bus required.
- (c) NOC of Student has to be taken by concern Staff Coordinator & Department /Institute.
- (d) In case of Holiday DA of Rs 500/-to be paid to Driver
- (e) Diesel has to be Filled by concern Department /Institute and receipt has to be submitted to office.

Bus Facility Coordinator

Registrar

Principal

Note: - Forward the indent to office 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.

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