



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

Form ID: DYPCET: Transport/001

Date: _____

APPLICATION FOR BUS PASS

NAME OF STUDENT _____

COLLEGE NAME _____

BRANCH _____ CLASS _____

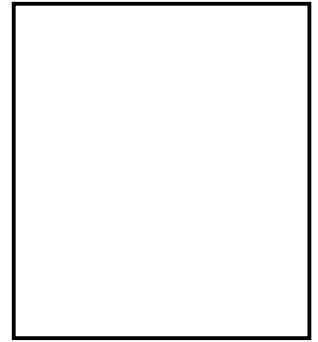
DIVISION _____ ROLL NO _____

COMPLETE ADDRESS _____

NAME OF THE ROUTE _____

MOB. NO OF STUDENT _____ MOB. NO OF PARENT _____

PICK UP POINT _____



STUDENT SIGNATURE

PARENT SIGNATURE

Instructions: -

- 1. Bus Service is not available on Sunday and Holidays.*
- 2. Bus Timing and stops are as per the convenience of college*
- 3. Bus pass & individual ID card is compulsory while traveling by college bus.*
- 4. 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.*

Fee paid details:

Amount: _____ Mode of Payment: _____

Head of (Department/Institute)

Account Section

Bus Facility Coordinator

Registrar

Principal

Note: - Attach fee receipt along with this form and submit to Account Section