



Form ID: DYP CET: Transport/001

Date: _____

APPLICATION FOR BUS PASS

NAME OF STUDENT _____

COLLEGE NAME _____

BRANCH _____ CLASS _____

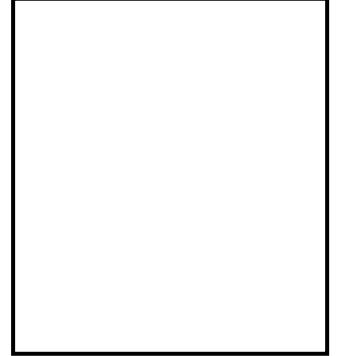
DIVISION _____ ROLL NO _____

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

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

a D. Y. Patil College of
Engineering & Technology,
Kasaba Bawada, Kolhapur,
Maharashtra 416006

t 0231 2601431/33

☎ Toll free no:
1800-270-9599

e info.dypcet@dypgroup.edu.in

w www.coek.dypgroup.edu.in