



Vehicle Requisition Form

(To be filled by user)

Sr. No.....

Date: / /

Name: GPSRN:.....

Designation:..... Mobile Number.....

Vehicle required on : Date Time: No. of person travelling:.....

Place to visit:

Purpose of visit

.....

The place from where to be picked up:

.....

Time duration.....Hrs. From.....Hrs. ToHrs.

Special instructions, if

any:.....

NOTE:

*** Vehicle is not available during fixed assigned Institute work (pick up and drop of our Institute employees to MES Junction) the requester has to ensure that their request should not coincide with following time and also should be within duty hours.

09.00hrs to 09.10hrs (Monday to Saturday),

17.00hrs to 17.20hrs (Monday to Friday)

13.00hrs to 13.30hrs (Saturday)

Duty hours: 08.00hrs to 20.00hrs.

***In the event of non-availability of institute vehicle, the PR Office may arrange vehicle/taxi from other agencies on hire basis. In such event, the user will be responsible for payment to the Taxi operator.

(Signature of user)

(Signature of HOD/Controlling Officer)

DUTY SLIP FOR DRIVER

(To be filled by the user after the use of vehicle)

Date and time _____

Any suggestion _____

(Signature of user)

