

NED UNIVERSITY OF ENGINEERING & TECHNOLOGY
REQUISITION SLIP FOR USE OF THE VEHICLE

NAME OF OFFICER: _____ PERS No. _____

DESIGNATION: _____ DEPARTMENT _____

NATURE OF WORK: PRIVATE ☐ OFFICIAL ☐

PLACE FROM: _____ TO _____

DATE: _____ TIME FROM: _____ TO _____

Signature of Officer
Requisitioning the Vehicle

Counter Signature of
Chairman & HoD

Signature of
Incharge Transport (OV)

TO BE FILLED IN BY THE PERSON USING THE VEHICLE

Vehicle No. _____ Reading before Use: _____ Reading after Use: _____ KM _____

Signature of Driver

Signature of Officer
Using the Vehicle

Note:

1. Private duty may be cancelled at any time for official duty
2. The use of vehicle for private duty is strictly prohibited after mid-night
3. Requisition slip for Official duty must be send through Chairman/Head of Department
4. In case private duty user will pay over time charges of driver

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WORK SHOP VEHICLE INSPECTION REPORT (OV)

Vehicle #: _____

Meter Reading _____

Dated: ____/____/201

Sr. #.	Particulars	Inspection		Sr. #.	Particulars	Inspection		Remarks
01	Engine Oil	Yes <input type="checkbox"/>	No <input type="checkbox"/>	02	Brake Oil	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
03	Gear Oil	Yes <input type="checkbox"/>	No <input type="checkbox"/>	04	Hydraulic Oil	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
05	Radiator Water	Yes <input type="checkbox"/>	No <input type="checkbox"/>	06	Head Light	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
07	Indicator Light	Yes <input type="checkbox"/>	No <input type="checkbox"/>	08	Speedo Meter	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
09	Spare Wheel	Yes <input type="checkbox"/>	No <input type="checkbox"/>	10	Tyre Air Pressure	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
11	Battery Water	Yes <input type="checkbox"/>	No <input type="checkbox"/>	12	Wheel Pana	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
13	Wiper	Yes <input type="checkbox"/>	No <input type="checkbox"/>	14	Body condition	<input type="checkbox"/>	<input type="checkbox"/>	
15	Hand Brake	Yes <input type="checkbox"/>	No <input type="checkbox"/>	16	General Checking	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
17	Lock System	Yes <input type="checkbox"/>	No <input type="checkbox"/>	18	Jack	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
19	Side Mirror	Yes <input type="checkbox"/>	No <input type="checkbox"/>	20	Wheel Cap	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Name of Driver: _____ Signature: _____

Counter Signature by SST(OV)

WORK SHOP VEHICLE INSPECTION REPORT (OV)

Vehicle #: _____

Meter Reading _____

Dated: ____/____/201

Sr. #.	Particulars	Inspection		Sr. #.	Particulars	Inspection		Remarks
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