|  |  |
| --- | --- |
|  | **COMSATS University Islamabad (CUI)**  Park Road, Tarlai Kalan, Islamabad  (Transport Office)  **STUDENT TRANSPORT REQUEST FORM** |

**FALL/SPRING-20\_\_\_\_\_\_**

**Section A (To be completed by the student, please clearly print using block letters)**

**Personal Information**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Registration Number** | |  | | | **Name** |  | |
| **Father’s Name** | |  | | | | | |
| **Emergency Contact Number** | | |  | **Mobile Phone Number** | | |  |
| **Home Address** |  | | | **Class Time** | | |  |

**Section B (Transport Facility Required)**

**Please note, currently transport charges are fixed at PKR 30,000/- per semester and subject to change.**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please circle that applies to you and best describe your requirements. | | | | | | | | | |
| **Time Transport Required for** | | | | **Program** | | |  | | |
| **2-Picks (0630-0900 AM) & 2-Drops (1445-1745 PM)** | | | | | |
| Please circle route, if unsure which route to select, consult Transport Section or see route maps before you provide this information. | | | | | | | | | |
| **Under Graduate** | | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** |
| **9** | **10** | **11** | **12** | **13** | **14** | **15** | **16** | **17** | **18** |
| **19** | **20** | **21** |  |  |  |  |  |  |  |
| **Stop Name with Serial Number according to pre-defined route** | | | | | | | | | |
|  | | | | | | | | | |

**Section C (Undertaking)**

**I hereby certify that:**

* The information provided above is correct and I have understood the Transport rules.
* Seat cannot be guaranteed in the vehicle and transport facility is provided on first come first basis.
* Student once registered can cancel his/her registration maximum within thirty days of convene of classes.
* Busses will pick and drop students as per given bus stops of relevant route plan.
* I will strictly observe pick and drop timings, maintain discipline and cooperate with Driver/Helper.
* I also declare that in case of non-compliance of the above mentioned rules, the Transport Section reserves the right to cancel my transport facility at any point of time.

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** |  | **Signature** |  |

**Please Note: Incomplete forms will not be entertained, and this form needs to be submitted in transport office only.**

**Section D (For Office Use Only)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Received By** | **Name** |  | **Date** |  | **Signature** |  |
| **Processed By** | **Name** |  | **Date** |  | **Signature** |  |
| **Transport Provided (If Space Available)** | | | **Yes/No** | | | |