

**APPLICATION FOR A VEHICLE PASS**

1. Name of the Applicant : Prof./Dr./ Mr./Ms./ Mrs./Miss.....  
.....
2. Designation : .....
- a. Whether Permanent / Temporary : .....
- b. If the appointment is temporary  
        Date of termination of the appointment:.....  
        (Please attach a copy of the appointment letter)
3. Faculty / Department /Division : .....
4. Telephone Number : Ext. No..... & Mobile No.....
5. Type of Vehicle : .....
6. Vehicle Registration No :.....  
(Copy of the Vehicle Revenue Licence should be attached)
7. If Applicant is not the owner ;  
    Name of the owner :.....  
    Address of the owner :.....  
    Relationship to the owner :.....

I hereby certify that the particulars given above are true and correct

.....  
Date

.....  
Signature of the Applicant

SAR/GA

I recommend / do not recommend the issue of a Vehicle pass to Prof. /Dr. / Mr. /Ms. / Mrs. /Miss.  
..... for the above Vehicle.

.....  
Date

.....  
Dean/ Head of the Department /Division

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Recommended / Not Recommended

Approved/ Not Approved

.....  
SAR/GA

.....  
Registrar

.....  
Date

.....  
Date