

VEHICLE REQUISITION PROFORMA

Nature of duty / Purpose / Tour: _____

Name of User: _____ Designation: _____ Contact No: _____

Department: _____ No. of Persons: _____ Vehicle Required: _____

Place of Visit From: _____ to : _____

Local / out Station: _____ Official / Private / POL: _____

Date from: _____ to _____ Time from _____ To: _____

Vehicle Available: _____ Signature of Transport Cell: _____

Signature & Stamp of P.O
Transport Section

DECLARATION BY USER

I, Dr. / Mr. _____ solemnly declare that I will be responsible
For the discipline of the tour and I will abide all the rules and regulations of the University and will not misuse
the vehicle. In case of any indiscipline / loss, University has full right for disciplinary action against me.

Signature of user

**Head of Department
Recommendations / Signature & Stamp**

**Dean's Recommendations
Signature & Stamp**

Approval / Signature of the Vice Chancellor

FOR USE OF MOTOR POOL / TRANSPORT SECTION ONLY

Issued Vehicle: _____ Driver Name: _____ Dated & time: _____

Departure Meter: _____ Arrival Meter: _____ Mileage Covered: _____

**Signature
(Transport Officer)**