

Geetanjali College of Engineering & Technology

Cheeryal (V), Keesara (M), Medchal Dist - 501301

STUDENT TRANSPORT REQUEST FORM

No.

Date :

Name of the Student : _____ Blood Group : _____ Gender : M / F

Course / Branch / Year : _____ Roll No : _____ D O B : _____ Mail Id : _____

Father's Name & Ph.No : _____

Residential Address : _____

Boarding Stage as per "List of Stages" (In order of preference) : 1. _____ 2. _____

Previous Route No. (In Academic year 2016-17): _____ Whether stamp size photograph enclosed: Yes / No

Signature of Student

For Office Use

Amount Rs.

Sl.No. of bus pass issued:

Route allotted:

Boarding point:

Transport I/C

ACCOUNTANT

TERMS & CONDITIONS

1. Route Number will be allotted on first come first served basis. No request for change of route number will be entertained thereafter
2. This bus pass is valid only when accompanied by college ID Card & is not transferable
3. Fees once paid will not be refunded
4. Limited bus services will be operated during external exams, vacation or exigencies
5. Alternate arrangement with minimum inconvenience will be made when a route is not operated due to exigencies
6. Charges will be applicable for duplicate pass
7. If any damage is caused to a bus by the student the cost shall be borne by all students of the bus, if the students (s) causing the damage is/are not identified.
8. The college has right to accept / reject any application without assigning any reason whatsoever.
9. In case of any grievance regarding the bus or the driver, the students have to bring it to the notice of the transport department only.
10. Students are advised to reach their respective boarding point before the scheduled time.

DECLARATION BY THE STUDENT

I have read all the above rules and regulations and I agree to abide by them. I also undertake to contribute my best for safeguarding the image of the college. I also hereby assure that in the event of dishonor of the undertaking, I am ready to face the consequences.

NAME :Signature :Date :

Note : Without stamp size photo transport application will not be accepted.

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FACULTY / STAFF TRANSPORT REQUEST FORM

No.

Date :

Name of the Staff : _____ Gender : M / F

Branch : _____ ID No : _____ Mail Id : _____

Contact No. 1 : _____ 2. _____

Residential Address : _____

Boarding Stage as per "List of Stages" (In order of preference) : 1. _____ 2. _____

Previous Route No. (In Academic year 2016-17): _____ Whether stamp size photograph enclosed: Yes / No

Terms & Conditions overleaf

Signature of Faculty / Staff

For Office Use

Amount Rs.

Sl.No. of bus pass issued:

Route allotted:

Boarding point:

Transport I/C

ACCOUNTANT

TERMS & CONDITIONS

1. Route Number will be allotted on first come first served basis. No request for change of route number will be entertained thereafter
2. Limited bus services will be operated during external exams, vacation or exigencies
3. In case of any grievance regarding the bus or the driver, the Faculty / Staff have to bring it to the notice of the transport department only.
4. Faculty / Staff are advised to reach their respective boarding point before the scheduled time.
5. Faculty / Staff should travel on allotted routes only.

DECLARATION BY THE STAFF / FACULTY

I have read all the above rules and regulations and I agree to abide by them. I also undertake to contribute my best for safeguarding the image of the college. I also hereby assure that in the event of dishonor of the undertaking, I am ready to face the consequences.

NAME :Faculty/Staff :Date :