



**VEHICLE APPROVAL FORM**

Name.....

Date.....

Designation: -----

Department: -----

Requirement Description :-----

Destination (full address).....

Departure Time ..... Arrival Time..... Total Km..... Approx. Journey Date: .....

**Signature applicant**

**NOTE:** (a) complete responsibility of (vehicle/damage/arrival to college on time) will be of above signing authority.  
(b) Requirement depends on availability of vehicles. (c) For extra detail extra sheet may be attached.

Instructions from MD/ED/Principal/Registrar: -----

**MD/ED/Principal/Registrar**

**(filled by driver)**

Driver Name: ----- Car/Bus No. ----- Journey Date: ----- Destination.....

Departure Time ..... Arrival Time..... Total Km.....

Remark:

**Driver Signature**



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Departure Time ..... Arrival Time..... Total Km.....

Remark:

**Driver Signature**