



APPLICATION FOR AC BUS FACILITY & RFID: 2024 - 2025

No. _____

1. NAME OF THE STUDENT :

2. Class _____ Section _____

3. Admission No.

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4. Blood Group :

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5. Father Name : _____ Mobile: _____

6. Mother Name: _____ Mobile: _____

7. Address : _____

_____ (Res.)Tel No : _____

8. E-Mail : _____

9. Pick-up Point Name

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 Bus No :

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10. Drop Point Name

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 Bus No :

--

11. Pick-up Point No.

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12.

No.	Challan No.	Date	Amount

For point 13 check the bus fees document

13. Distance A B C D E

_____**DECLARATION**_____

1) I declare that I have read the rules and regulations governing utilization of bus facility and have accepted the same. I shall abide by them strictly. Kindly provide bus facility for my ward.

Date : _____ (Signature)
_____**TRANSPORT DEPARTMENT**_____

Verified Challan No. _____ Dated _____ Amount _____

Pick-up Point No. _____ Distance : A B C D E

Transport Manager

_____**ACCOUNTS DEPARTMENT**_____

Verified the above details and records are updated

Date : _____ **RECEIVED THE RFID** _____ **HOD ACCOUNTS**

Name : _____ Signature _____

Admin. No:

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 Date: _____