



Stamp
Affix Size
Photo

APPLICATION FOR AC BUS FACILITY & RFID: 2025 - 2026

No. _____

1. NAME OF THE STUDENT :

2. Class _____ Section _____

3. Admission No.

--	--	--	--	--	--

4. Blood Group :

--

5. Father Name : _____ Mobile: _____

6. Mother Name: _____ Mobile: _____

7. Address : _____

_____ (Res.)Tel No : _____

8. E-Mail : _____

9. Pick-up Point Name

--

 Bus No :

--

10. Drop Point Name

--

 Bus No :

--

11. Pick-up Point No.

--	--

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

Name : _____ Signature _____

Admin. No:

--	--	--	--	--	--

 Date: _____