

REQUEST FOR ISSUE OF VEHICLE PASS

Department	Office
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Name & Designation of the employee		PF Number	
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PASS IS SOUGHT FOR
(Indicate "√" against appropriate item)

<u>Type of vehicle</u>	<u>Registration Number</u>	<u>Make of vehicle</u>
Four Wheeler		
Motor cycle		
Scooter		
Moped		
Cycle		
Auto (for physically challenged persons only)		
Others		

Signature of employee & Date

Forwarded to SO to CSC for arranging issue of vehicle pass

Signature of supervisor

Signature of Controlling Officer