



The Trust is a Recipient of prestigious Rajyotsava State Award 2012 conferred by the Government of Karnataka

No. :

[illegible]

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6. Mother's Name : _____ Mobile : _____

7. Address : _____

_____ (Res.) Tel No. : _____

8. E-Mail : _____

9. Pick-up Point Name Bus No:

Bus No:	
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10. Drop Point Name Bus No:

Bus No:

11. Pick-up Point No.

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12.

No.	Challan No.	Date	Amount

Please see overleaf for details

13. Distance A B C D

DECLARATION

1) I declare that I have read the rules and regulations governing utilisation 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.				
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Distance A B C D

Transport Manager

ACCOUNTS DEPARTMENT

Verified the above details and records are updated

Date : HOD ACCOUNTS

_____ RECEIVED THE BUS PASS _____

Name : _____

Signature _____

Admn. No. :

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Date _____