



Autonomous College Permanently Affiliated to VTU, Approved by AICTE & UGC
Accredited by NAAC with 'A' Grade, Accredited by NBA
New Horizon Knowledge Park, Ring Road, Bellandur Post, Bengaluru 560 103

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

APPLICATION FOR BUS PASS: 2024 - 2025

Affix
Stamp Size
Photo

No. :

1. NAME OF THE STUDENT :
(IN CAPITAL LETTERS)

2. Class _____ Section _____

3. Admission No.

4. Blood Group :

5. Father's Name : _____ Mobile : _____

6. Mother's 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

Please see overleaf for details

13. Distance A B C D E

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. Distance A B C D E

_____ Transport Manager

_____ ACCOUNTS DEPARTMENT _____

Verified the above details and records are updated

Date : _____ HOD ACCOUNTS

_____ RECEIVED THE BUS PASS _____

Name : _____ Signature _____

Admn. No. : Date _____