

FOR STAFF

APPLICATION FOR VEHICLE PASS TO ENTER THE UNIVERSITY

Caution:

The University will not take any responsibility with regard to the safety of the vehicle during the hours you park the vehicle inside the University premises.

APPLICATION FORM

1. Name of Applicant Prof./Dr./Mr./Mrs./Miss
2. Designation
- i. Whether permanent or not
- ii. If not please mention the date of termination of service
3. Faculty/Department/Branch
4. National Identity Card No.
5. Address
6. Telephone No.
7. Vehicle No.
8. Type of vehicle (Car/Van etc.)
9. Name of the Owner of the Vehicle
- (Please attach photostat copy of the vehicle registration book)
- **If you are not the owner of the vehicle please submit a formal letter of authorization to use the vehicle.*
10. Whether it is fully insured
11. Name of the insurer
- (Please attach photostat copy of the certificate of insurance)

I certify that the above information given by me is true and correct. I do not hold the University liable for the safety of the above vehicle during the hours I park the vehicle inside the University premises.

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Date

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Signature of Applicant

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Recommendation of the Dean/Head of the Department, SAR / Faculty/ Branch.