



**VIGNAN'S INSTITUTE OF ENGINEERING FOR WOMEN::VISAKHAPATNAM**

**APPLICATION FORM FOR TRANSPORT FACILITY FOR EMPLOYEES**

Name: \_\_\_\_\_ Designation: \_\_\_\_\_ Emp. Code: \_\_\_\_\_

Department: \_\_\_\_\_

Pickup Point \_\_\_\_\_ Route No. \_\_\_\_\_

1. Father's / Husband's Name: \_\_\_\_\_

2. Present Address:

\_\_\_\_\_  
\_\_\_\_\_

Mobile No.: \_\_\_\_\_ E-mail ID :

I \_\_\_\_\_ S/o / D/o / W/o / \_\_\_\_\_ do

hereby undertake to abide by the rules and regulations framed by the *Vignan's Institute of Engineering for Women* from time to time for availing transport facility. I shall avail this facility during my service in Institution. In case I decide to discontinue, I shall inform to concern authorities in advance.

Date \_\_\_\_\_

Signature of Employee

**UNDERTAKING BY FACULTY / STAFF MEMBER**

I \_\_\_\_\_ do hereby undertake that I am availing transport facility provided by the *Vignan's Institute of Engineering for Women* at my own risk. In case of any mishap / accident or any damage / loss of life due to accident, the institute shall not be held responsible.

Date \_\_\_\_\_ Place \_\_\_\_\_

Signature of Employee

**OFFICE USE**

Mr. / Ms. \_\_\_\_\_ is permitted to avail transport facility arranged with a monthly cost of \_\_\_\_\_ w.e.f. \_\_\_\_\_ .

Signature of Transport I/c

Dean-Admin