



SHRI MATA VAISHNO DEVI UNIVERSITY
SECURITY WING
SUB POST OFFICE: KATRA-182320 (J&K)

Request Form for Issue of Owners Card

1. Employee Code No./Entry No: _____
2. Name: _____
3. School/Department/Section: _____
4. Designation (For Faculty/Staff): _____
5. Contact No: _____
6. Residential Address: _____
7. Vehicle Details:
 - a) Make: _____
 - b) Type of Vehicle (Car/Scooter/Motor Cycle): _____
 - c) Vehicle Registration No: _____

Signature of Employee/Student

Student Countersigned by ADOS/DOS

For Office Use

Owners Card No: _____ Date of Issue: _____

ASO/Chief Security Officer

Received Sticker/Token

Signature & Date

Note:

1. Vehicle should be in the Name of Faculty/Staff/Student/Spouse/Father/Mother/Son
2. Please make payment of `50/= at J&K Bank, Branch SMVDU Campus on challan for loss/damage of Vehicle Sticker/Token on account no. 23.