



श्री माता वैष्णो देवी विश्वविद्यालय
SHRI MATA VAISHNO DEVI UNIVERSITY

VEHICLE REQUISITION FORM

Name of College/Deptt./Section _____ Date & Time of requisition _____

Name & Designation of the requisitioning Officer/official _____

Place of visit _____

Purpose of visit _____

Date on which vehicle required _____

Duration for which vehicle required from _____ Hrs. to _____ Hrs.

Other Officers/officials who are to travel in the vehicle (if any):

- 1.
- 2.
- 3.
- 4.
- 5.

Signature of the requisitioning Officer/official: _____

Recommendations & signatures of the Head of the College/School/Section _____

For Office use only

Vehicle allotted: _____ Date of allotment: _____

Name of Driver: _____

Authorised Signatory