



DOC No; CITH/F-26

Requisition for Vehicle

1. Name of the Indenting officer _____
2. Designation _____
3. Purpose of visit _____
4. Place to be visited _____
5. Date & time for which vehicle required _____
6. a) Date: From _____ to _____
b) Time: From _____ to _____
7. Other Passengers (If any) 1. _____ 2. _____ 3. _____
4. _____

*Signature of indenting officer*Recommendation of HOD/Section in charge*Recommended/Not recommended*For the use of In charge vehicle

- Vehicle Allotted _____ Driver attending on duty _____
- Remarks if any _____

*Signature of In Charge vehicle**Allowed/Not allowed**Director*For the use of Driver

- Trip time of leaving(CITH Campus) _____
- Trip time of arrival(CITH Campus) _____

*Signature of Driver**(Return this pass to vehicle-in-charge on the next working day)*