**Reservation of the Faculty vehicle (Bus/Van)**

**(Please hand over this document to Dean’s Office with the recommendation of the Head of the Department before 7 days from the trip)**

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| 01 | Name of the Applicant |  |
| 02 | Position of the Applicant |  |
| 03 | Department, Faculty of the  Applicant |  |
| 04 | Official Address of the Applicant |  |
| 05 | Purpose of using the Vehicle  (Clearly mentioned & supporting documents should be attached) |  |
| 06 | Required Vehicle: Bus/Van |  |
| 07 | Name/s of the person/s –in-charge of the Trip |  |
| 08 | Position and Address of the PIC |  |
| 09 | Telephone Number of the PIC |  |
| 10 | Duration (Date and Time) | **Date: -**    **Time: - From: To:** |
| 11 | Places proposed to travel (write the route with dates and distance(km) (Approximately) |  |
| 12 | Number of persons travelling |  |
| 13 | Proposed places of night park |  |
| 14 | Any other relevant information  (if necessary) |  |
| 15 | Place to which the driver should report |  |
| 16 | Mode of payment  (Ex. Research Grant No.) |  |
| I/We agree hereby to take full responsibility of the vehicle and I/We would be accountable for any  Damages caused to the vehicle during the proposed period when we use it for travel.  Signature of the Applicant: Date:  Signature of the person-in-charge: Date: | | |
| Recommendation of the Head of the Department: Recommended/Not Recommended  …………………………………………………………………………….. | | |
| Vehicle is available during this period for the trip/ Vehicle cannot be released for the trip because of  …………………………………………………………….    Subject Clerk | | |
| Approval of the Dean / Deputy Registrar: Approved/Not Approved | | |
| ***Condition:***   * ***Priority is given to the day-to-day activities of the faculty. It is suggested to arrange field trips during the week-ends.*** * ***Academic staff member/members should participate in field trips arranged for students.*** * ***If there is any supporting document for the request of vehicle, it should be annexed with the recommendation of the Head of the Department.*** | | |