

NATIONAL INSTITUTE OF TUBERCULOSIS AND RESPIRATORY DISEASES, NEW DELHI

REQUISITION FOR VEHICLE

Date :

1. Name of the Department : _____
2. Name of the Employee : _____
3. Designation : _____
4. Whether duty is official / private: _____
5. If official, detail purpose and Place of visit : _____
6. Date on which vehicle required : _____
7. Time at which vehicle required: _____
8. Time by which vehicle will be released _____

(Signature of the Officer)

Sanctioned/Not Sanctioned/Vehicle not Available

Driver Name : _____

Vehicle Number : _____

Please hand over this requisition to Driver on duty mentioned above.

(Transport Incharge)