



KIU GHIZER CAMPUS

VEHICLE SERVICE REQUITION FORM

1. Name _____ Designation _____
2. BPS _____ Status of service (Regular/ Contract) _____
3. Willing to avail _____ service (Bus/Coaster/Van).
4. Whether this service availed in the last semester (Yes/No)
5. If yes amount of charges paid per month _____
6. Residential address _____
7. Station from where to pick and drop _____

For Office Use

The authority has approved / rejected your request for availing KIU Ghizer Campus transport.

AD Administration

Countersigned by Director