

NATIONAL INSTITUTE OF PATHOLOGY (ICMR)

NEW DELHI

Requisition for use of vehicle

Name & designation of officer \_\_\_\_\_

Date & time of making the

Who wants to use the staff car \_\_\_\_\_

Requisition \_\_\_\_\_

NAME \_\_\_\_\_

Date \_\_\_\_\_

Designation \_\_\_\_\_

Time \_\_\_\_\_

Date & time for which vehicle is required and place (S) to be visited.

Date \_\_\_\_\_ Time \_\_\_\_\_

From \_\_\_\_\_

Place (S) to be visited \_\_\_\_\_

To \_\_\_\_\_

Purpose for which vehicle required \_\_\_\_\_

For use in office

Signature of the officer

Vehicle No \_\_\_\_\_ of Name of the Driver \_\_\_\_\_ is hereby provided

Remarks, if any