

**INSTITUTE OF PATHOLOGY
NEW DELHI**

REQUISITION FOR USE OF VEHICLES

NAME & DESIGNATION OF OFFICER
WHO WANTS TO USE THE STAFF CAR

DATE & TIME OF MAKING
THE REQUISITION

NAME: _____

DATE _____

DESIGNATION _____

TIME _____

DATE & TIME FOR WHICH VEHICLE
IS REQUIRED AND PLACE(S) TO
BE VISITED.

DATE _____

TIME _____

Place(s) to be visited

FROM _____

TO _____

Purpose for which vehicle
is required:

Signature of the Officer

.....
For use in office

Vehicle No. _____ of

(Name of the Driver _____) is hereby
provided.

Remarks, if any

(Officer-in-charge Vehicle)