



APPLICATION FORM FOR TRANSPORT FACILITY FOR EMPLOYEES

Name _____ Designation _____

Department _____ Campus _____

Pickup Point _____ Route No. _____ Registration Charges (Rs. 100)

1. Father's / Husband's Name: _____

2. Present Address: _____

Recent
Passport
Size
Photograph

Mobile No.: _____ E-mail ID : _____@poornima.org

I _____ S/o / D/o / W/o / Sh. _____ do hereby undertake to abide by the rules and regulations framed by the Poornima Management from time to time (given overleaf) for availing transport facility during the session _____ I shall continue to avail this facility during the whole session. In case I decide to discontinue, I shall not claim any refund of charges.

Date _____

Signature of employee

UNDERTAKING BY FACULTY / STAFF MEMBER

I _____ do hereby undertake that I am availing transport facility provided by the Poornima Management at my own risk. In case of any mishap / accident or any damage / loss of life due to accident, Poornima Management shall not be held responsible.

Date _____

Place _____

Signature of Employee

Mr. / Ms. _____ is permitted to avail transport facility arranged by the Poornima Management w.e.f. _____.

Signature of Transport In-charge



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RULES TO BE FOLLOWED BY TRANSPORT FACILITY USER ENROLLED FROM 1ST JULY 20....

1. Pickup points / boarding point and routes would be decided by the Poornima Management, every one is required to board the bus from these points only.
2. No facility of transport vehicle would be provided by the Poornima Management on holidays.
3. It is not necessary for the Poornima Management to provide transport facility to the persons missing the bus for any reason.
4. It is also advised to all members that pickup time from every point is fixed and transport vehicle would not wait on pickup point.
5. No deviation in prescribed route is allowed.
6. The Poornima Management is not responsible for any kind of theft / loss of property during traveling in bus.
7. In case of brake down of the bus, no charges against conveyance would be provided. Every one is required to reach their destination by their own arrangements.
8. No one would be compensated for the distance covered by him for boarding the bus.
9. For keeping travel time at minimum level, it is also notified that Poornima Management may avoid routes with railway crossing or heavy traffic areas. Every person affected, required to arrange his/her own way to board the bus from other pickup point.
10. Every person joining transport facility is advised to travel only in prescribed buses for their routes; they are not allowed to switch over to other route buses (student buses) with out prior written permission.
11. The boarding is entirely at risk of the person boarding. The Poornima Management does not treat any type of responsibility to compensation in any nature whatsoever.
12. No boarding will be allowed without transport card.
13. When bus is not plying on road due to Sunday / holiday / vacation, the Poornima Management is not liable to provide alternative transport arrangement even if he / she is to attend college. He / she will have to make his / her own arrangement for reaching on duty place.
14. In case of any emergency contact bus in-charge / transport in-charge.
15. For Efficient Planning & optimizations of the working of transport department, all faculty & staff members are required to fill the transport form on the day of joining/reporting or within a week of start of new session whichever is earlier with a nominal fee of Rs. 100/- per year. In case anybody fails to fill the form within one week of start of new session, a penalty of Rs. 400/- will be levied making a total of Rs 500/- as transport charges per year.

Please Note : The amount shall be deducted from your salaried account only.

I have read and understood the above rules promise to abide by the same.

Signature & Name of Employee



REQUEST FOR CHANGE IN BUS ROUTE

SUGGESTION / REQUEST FORM (FOR OFFICE USE ONLY)

1. Name of Employee _____ Designation _____
2. Department _____ Campus _____
3. Full Address _____

4. Route No ____ Pickup Point _____
5. Distance from Pickup point to residence _____
6. Suggestion/Request (May include part of route diagram)

Date:

(Signature of Applicant)

Mob No.



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Date:

(Signature of Applicant)

Mob No.