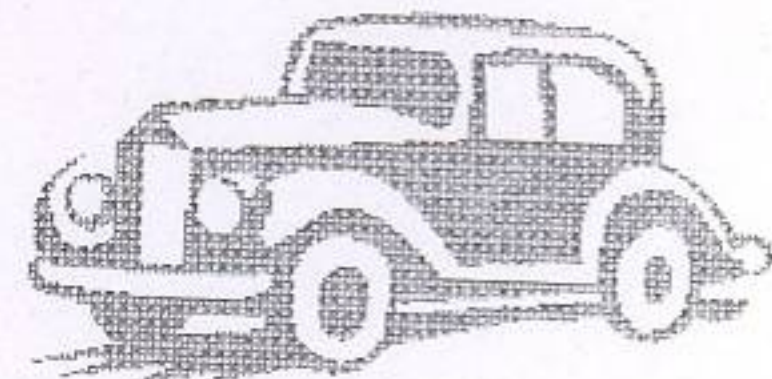


NATIONAL INSTITUTE FOR RESEARCH
IN REPRODUCTIVE HEALTH

J.M. Street, Parel, Mumbai 400012.



TRANSPORT REQUISITION FOR OFFICIAL USE

Name: _____ Date: _____

Time:- From: _____ To: _____

Place(s) to be visited: _____

Purpose of journey: _____

Flight No (If the Officer by Air): _____

Departure / Arrival Time: _____

Signature of Indentor

Date: _____

K.M. (OUT): _____

*Signature of Approving Authority of
Indenting Department*

Transport arranged on: _____ From: _____ To: _____

Vehicle Number _____ Name of the Driver _____

Informed Driver on: _____

Driver's Signature: _____

(Signature of Transport In-Charge)

(SECURITY COPY)

Vehicle Gate Pass (Saturday/Sunday/Holiday/Night) Date: _____ Kms. _____

Time of Departure of Vehicle _____ Driver: Shri _____

Vehicle Number: _____

Name of the Official using Vehicle: _____

Duty for: _____

Special Instruction for Driver: _____

(Signature of Transport In-Charge)