



COMSATS University Islamabad, Vehari Campus

STUDENTS TRANSPORT FORM

Registration No.	Semester:	Route No.
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Name of Student: _____ Date: _____

Father Name: _____

Stop name: _____

Phone: _____ Emergency Contact No. _____

Address: _____

Routes: (Please Tick \checkmark your route)

Transport Fee:/- per semester

1	2	3	4	5
6	7	8	9	10

NOTE: Please read the instructions carefully before filling form and deposit fee:

- I-----D/o::S/o-----
hereby understand that seat in the bus is on pick point on first come first serve basis and I will not claim any seat in the bus during the semester.
- I shall maintain proper discipline in the vehicle, I shall co-operate with bus driver/helper during the journey, otherwise transport section has right to cancel transport facility or fined me.
- I shall strictly observe the respective pick & drop point and timing accordingly.
- Incomplete form will not be entertained.

Signature of Student

Signature of Father