



Satya Vihar, Vidhansabha-Chandkhuri Marg, (Baloda Bazar Road) Mandir Hasaud
Dist Raipur-492 101. Phone No. 0771-4231000-009 Fax : 0771-4200110

TRANSPORT FACILITY APPLICATION FORM

To,
The Registrar
Disha School of Management Education
Raipur (C.G.)

Sir,
I would like to avail the transport facility provided by the institute. My particulars are as follows:

(All particulars to be filled in by the applicant in CAPITAL LETTERS only)

1. Name (In Capital Letters) : _____ Course _____
Batch : _____ Student Id _____
2. Father's occupation : _____
3. Permanent Address : _____
4. Local Address : _____
(Residence in Raipur) _____

DECLARATION BY THE STUDENT

- I. I will abide by the rules of the institute related to transport facility at all time.
- II. I have understood all the rules, Fees, Charges etc and I have accepted it.
- III. I agree to institute rules, for not demanding any facilities or services not provided under the rules of Transport Facility of the institution.
- IV. For additional facility availed by me I have to pay to transport company which I accept.
- V. If I fail to follow rules, guidelines or instruction then my transport facility may be stopped and I may be rusticated from the institute which I shall accept.
- VI. In case of Road accident I will not held the institution responsible for that or no claim shall be demanded.

Signature of Tpt. Incharge

Signature of Parent/Guardian

Signature of Applicant

Name _____

FOR OFFICE USE

- 1) Route No. : _____
- 2) Bus No. : _____
- 3) Point (Stage) From : _____
- 4) Details of Transport : _____

Fees Paid

Amount Rs. _____ DD No. _____ For Period _____