

RAKSHA SHAKTI UNIVERSITY, MEGHANINAGAR, AHMEDABAD-380016

INDENT FOR VEHICLE

Name of the Officer _____ Division _____

Required Date _____ Time _____ to _____

Destination _____

Purpose _____

Person using vehicle _____

Equipment carries Yes/No. Vehicle required for return Yes/No.

Date : _____ Time : _____

(Signature of the Officer)

FOR OFFICE USE ONLY

	Vehicle No.	Driver's Name
	Tata 207 Open GJ-18 G 3804	
Allotted Not	ALTO - GJ 1 G 4841	
Allotted Not	ALTO - GJ 1 G 4842	
Available	Motor Cycle – GJ 1 G 8435	
	Motor Cycle – GJ 1 G 8436	

MT Supervisor

Registrar