GAIKWAD-PATIL
GROUP OF INSTITUTIONS

Application Form For Bus Facility

Date:___/__/____

Name of College:_____

Name of Student : (First) (Middle) (Surname)

Father's Name :

Mother's Name :

Year / Semester : All Subjects of all Semester clear or Not (YES / No)

Branch :

Permanent Address With Pin Code :

Contact No. (Student) :

Contact No. (Parent) :

E-mail ID :

Information Regarding Local Guardian (For out Station Students)

Name :

Address With Piin Code :

Boarding Stop :

Phone No. :

Bus Charges : Rs.

Fees Details -

Sr. No.	Date	Amount Paid Cash / DD	Receipt No.	Balance Amount	Signature of Student (In front of college Authority)	Signature of college Authority

Terms & Condditions

I. The Bus fee is charged for one Academic Session.
ii. The Route once opted cannot be changed.
iii. In case of any damage to the bus by the student, the parent / guardian is liable to pay for the same.
iv. Bus fee once deposited will not be refundable in any case.
v. Student should be present 10 minutes befire the schedule pickup time.
vi. Timing of the pickup places / points should be strictly followed.

Undertaking

I have readd the terms & conditions and do hereby agree to by them ass well as such other rules that are framed from time to time.I _____ parent / guardian of _____ hereby guarantee for the good behavior of my ward / candidate. I shall be personally for all acts omission and commission of my ward / candidate.
For details about bus facility Mr. Chandrashekhar Muthal (Mob. 8888851906).

Name and Signature of Parent / Guardian

Name and Signature of Students