



अखिल भारतीय आयुर्विज्ञान संस्थान
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
साकेत नगर भोपाल (मध्यप्रदेश) – 462020
Saket Nagar, Bhopal (M.P.) 4620240

POOL VEHICLE REQUISITION FORM
(Requisition should be submitted one week in advance)

Requester's Name : _____

Department : _____

Mobile Number : _____

Number of Passengers : _____

Pickup Date & Time : _____

Return Date & Time (Not After 06:00 PM) : _____

Place of visit (Local Bhopal) : _____

Approximate Running KM(s) : _____

Purpose of Travel : _____

Date & Time :

Signature with stamp
HoD / Sectional Head

OFFICE USE ONLY

1. A vehicle has been reserved for you.
 - a. Driver's Name: _____
 - b. Driver Mobile No. _____
 - c. Vehicle No : _____
 - d. Type of Vehicle : _____
2. Nothing is available for the date(s) requested
3. Permission to request vehicle from Travel Agency/Own Vehicle.

Signature
Officer In-Charge (Transport)