



NEW HORIZON PRE-UNIVERSITY COLLEGE

3rd 'A' Cross 2nd A Main, Kasturinagar, Bengaluru - 560043

The Trust is a Recipient of prestigious Rajyotsava State Award 2012 conferred by the Government of Karnataka

Affix
Stamp Size
Photo

APPLICATION FOR BUS PASS: 2024 - 2025

No. :

1. NAME OF THE STUDENT :
(IN CAPITAL LETTERS)

2. Course: _____ I PUC / II PUC

3. Father's / Mother's Name : _____

4. Address : _____

Mobile: _____ (Res.) Tel No. : _____

(Off.) Tel No. : _____

5. Pick-up Point Name

Distance A B C D E

Challan No.	Date	Amount

7. Pick-up Point No.

8. Blood Group :

****Please see overleaf for details***

DECLARATION

I declare that I have read the rules and regulations governing utilisation of bus facility and have accepted the same. I shall abide by them strictly. Kindly provide bus facility for my ward / myself.

Date : _____ (Signature)

TRANSPORT DEPARTMENT

Verified Challan No. _____ Date: _____ Amount _____

Pick-up Point No.

Distance A B C D E

ACCOUNTS DEPARTMENT

Transport Manager

Verified the above details and records are updated

Date : _____ HOD ACCOUNTS

RECEIVED THE BUS PASS

Name : _____ Course: _____ Section: _____

Language : _____ Signature : _____ Date : _____