



Affix
Stamp Size
Photo

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

No. :

APPLICATION FOR BUS PASS: 2025 - 2026

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

2. Course / Year: _____

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

Father Contact Number: _____ Mother Contact Number: _____

Student Contact Number: _____

4. Address : _____

5. Pick-up Point Name _____

Distance A ☐ B ☐ C ☐ D ☐ E ☐

7. Pick-up Point No.

6.	Challan No.	Date	Amount

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 ☐

Transport Manager

ACCOUNTS DEPARTMENT

Verified the above details and records are updated

Date : _____ HOD ACCOUNTS

RECEIVED THE BUS PASS

Name : _____ Course: _____ Section: _____

Language : _____ Signature : _____ Date: _____