

**ICMR-NATIONAL CENTRE FOR DISEASE INFORMATICS AND RESEARCH
Bengaluru**

VEHICLE REQUISITION FORM

Date:

It is requested that a vehicle may be provided for the officer/staff/guest in connection with official duties/works as details below.

1	Name of the Officer/Staff/Expert/Participant & Designations (names of all accompanying persons)	
2	Place of visit	<u>Onward :</u> From: _____ To : _____ <u>Return:</u> From: _____ To : _____
3	Date and Time for Vehicle required	Date : _____ From: _____ To : _____
4	Purpose of Visit	

(Please put the tick mark (√) specifically wherein appropriated)

Signature of applicant

Signature of Admin.Officer
