

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

REQUISITION FORM FOR USE OF OFFICE TAXI VEHICLES

(To be filled and submitted by applicant not later than a working day before the date of departure)

Date: _____

1. Name/s & Designation/s: _____

2. Date and time of Requisition: Date: _____ Time: _____

3. Date and time of vehicle required: Date: _____ Time: _____

4. Place of visit:

From: _____

To: _____

5. Place of return: _____ Time: _____

6. Purpose of vehicle requisition: _____

7. Flight/ Train Number:

Departure time:

Arrival time:

8. Any special instructions:

9. Telephone contact number of person/s using the vehicle: _____

Sanctioned/Approved

Signature of applicant

Signature of Admin. Officer

Director
