

**KALASALINGAM ACADEMY OF RESEARCH AND EDUCATION**  
**(Deemed to be University Under Sec.3 of UGC Act 1956)**  
**Anand Nagar, Krishnankoil 626 126**

**TRANSPORT SECTION**

**Date:**

**Name of the Applicant :**

**Mobile No:**

**Designation :**

**Department / Institution :**

**Type of the Vehicle Required:**

**Place of Journey :**

**Purpose of Journey : personal / Official / Invite Guest / Placement**

**Reason :**

**Payment of Toll Gate &**

**Vehicle Charges : Will be paid by the department / Individual / Management**

**Date & Time of**

**Departure :**

Date	Place		Time of Departure
	From	To	

**Forwarded & Recommended by**

**Signature of the Applicant**

**Head of the Department**

**Permitted / Not Permitted**

**Incharge Transport**

**Vice Chancellor / Registrar**

**For Office Use**

**Type of the Vehicle Provide : Bus / Van / Car – Register No:**

**Date & Time of Arrival :**

**Meter Reading :**

**Starting : Closing :**

**Total Meter Reading :**

**Cost :**

**Amount paid as per Vehicle Voucher No.:**

**Places Visited:**

- 1.
- 2.

**Date:**

**Name :**

**Signature of the Driver**