



Transport Form # Faculty / Staff Members

(Please mention details in CAPITAL LETTERS)

Institute : MIET MIT

Name of the Faculty / Staff :

Designation :

Department :

Blood Group :

Any prolonged disease :

Emergency Contact Person (Name) :

Emergency Contact Person (Mobile) :

Opted Route :

Opted Halt :

Any other information :

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I hereby assure you that I have expressed my desire to commute to the college and back by the bus (avail transport facility) provided by the college on my own choice and I shall not claim any damage / compensation in the event of accident or other fatal / non-fatal incidence taking place. Transport facility is non-transferrable. I will reach to halt at least five min earlier to the scheduled time. I will not claim for repayment if I cannot catch the bus due to any reason. It is my responsibility to follow all the notices related to transport which will be notified in the college / bus time to time.

Date :

Sign :



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