National Textile University, Faisalabad

UNIVERSITY TRANSPORT FACILITY APPLICATION FORM

1. Applicant Information

- Name: _____
- Registration No./Employee ID *(Attach copy of University Card)*: _____
- Department: _____
- Semester & Program (for students): _____
- Designation (for staff/faculty): _____
- Mobile No.: _____

2. Transport Route Information

- Pick and Drop Point / Stop: _____
- Route Name/No. (if applicable): _____
- City/Area of Residence: _____

3. Semester(s) for Which Transport Facility is Required

☐ Fall 20 Semester ☐ Spring 20 Semester

4. Declaration

I hereby apply for the University Transport Facility for the semester(s) selected above. I certify that the information provided in this application is true and correct to the best of my knowledge.
I understand that:

1. Transport charges, as approved by the University, shall be payable within the prescribed time.
2. Any outstanding transport dues from previous semesters must be cleared before availing the transport facility.
3. I shall comply with all university transport rules and regulations.

Applicant's Signature: _____ Date: ____ / ____ / _____

HOD Signature: _____

Verification (Office Use Only)

Applicant Status:

☐ Student ☐ Staff ☐ Faculty

Transport Dues:

☐ Semester Dues (Semester_____) ☐ Dues Outstanding (Amount: Rs. _____)

Transport Officer: _____ Date: ____ / ____ / _____

Convener Transport Committee: _____ Date: ____ / ____ / _____