



icmr
INDIAN COUNCIL OF
MEDICAL RESEARCH

NIN
NATIONAL INSTITUTE
OF NUTRITION

आई सी एम आर - राष्ट्रीय पोषण संस्थान, हैदराबाद
I C M R -National Institute of Nutrition, Hyderabad

वाहन इंडेंट फॉर्म, परिवहन विभाग / Vehicle Indent Form, Transport Department

- 1 **Indent No.:** _____ Date of Indent: _____
- 2 Indenter Full Name: _____
- 3 Designation: _____ Department: _____
- 4 Intercom No.: _____ Mobile Number: _____
- 6 Vehicle Model: Innova / Bolero / Ertiga / Mini Bus / Bus / Others
- 7 Vehicle Capacity: 5-Seater / 7-Seater / 20-Seater / 40-Seater / Others
- 8 Number of Vehicles: _____
- 9 Total Passengers taking the ride: _____
- 10 From Date & Time: _____
- 11 To Date & Time: _____
- 12 Requirement Type: Only Once / Daily / Weekly (M-Tu-W-Th-F-Sa-Su) / Monthly
- 13 Total Days of Visit: _____
- 14 From Place (Pickup Point): _____
- 15 To Place (Drop Point): _____
- 16 Distance in Kms.: _____
- 17 Route (Share Google Map Link): _____
- 18 Visit Type: Local Visit / Outstation Visit
- 19 Visit Purpose (Specify: NIN Official Trip / Project Trip/ Other Official Trip): _____
- 20 The Ride is for: Indenter (Self) / For Others
- 21 If others are taking the ride, Rider Name (/Representative): _____
- 22 Rider Contact Number (/Representative): _____

Officer-in-charge Sign, Transport Dept
Name in BLOCK letters:

Signature of Indenting Officer

Designation:

Signature of HoD

Job Card:

Assigned Vehicle: Institute Vehicle / Third Party, For-Hire Vehicle

Start Reading:

Stop Reading:

Driver Name	Driver Contact Number	Driver License Number
Driver Life Insurance Provider	Driver Life Insurance No.	Driver Life Insur. Validity
Vehicle Number	Vehicle Model	Vehicle Fitness Validity
Vehicle Insurance Provider	Vehicle Insurance No.	Vehicle Insur. Validity

If third party for-hire vehicle assigned, mention reason:

Third-party transport provider details and contact number:

Driver Signature

Signature of Officer-in-charge , Transport Dept.