 **आई सी एम आर - राष्ट्रीय पोषण संस्थान, हैदराबाद**

**I C M R -National Institute of Nutrition, Hyderabad**

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| **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 | | | | | | Signature of Indenting Officer | | | |
| Name in BLOCK letters: | | |  | | | | |  | |
| 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 Insurnace 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. | | | | |