



Please submit this form atleast 3 DAYS in advance to the Logistics Centre in Person



**LOGISTICS CENTRE, ANNA UNIVERSITY, CHENNAI – 600025
BUS BOOKING FORM**

1 Purpose : Industrial Visit (*please overwrite the industry name*)
 NSS / NCC / NSO / (*if others, please overwrite*)

2 Number of students : ___ (*please overwrite in words*)

3 Course / Semester / Dept. _____ / _____ / _____

4 Travel Itinerary	Onward Journey	Return Journey
Date	DD / MM / YEAR	DD / MM / YEAR
Time	__ : __ am / pm	__ : __ am / pm
Place		

5 User information :
a) Name of the faculty :
b) Designation :
c) Department / Centre / Office :
d) Contact Number : Mobile _____ / Intercom _____

6 Undertaking:

- ✓ *Bus will strictly be used for the purpose mentioned above*
- ✓ *Necessary charges for the trip - as applicable as per University norms - will be paid within 10 days upon receipt of the bill*
- ✓ *Temporary road tax will be paid by the user, as per RTO norms, for plying bus beyond Chennai, Thiruvallur&KancheepuramDts*
- ✓ *Payment will be made by cheque favouring "The Director, Logistics Centre, Anna University - Revenue Account"*

Signature of the user
(with date & seal)

Signature of HOD
(with date & seal)

Signature of Dean
(with date & seal)

7 For office use only

- a) Booking Number & Date : _____ dated DD / MM / YEAR
- b) Terms of usage : Free Payable
- c) Details of allotted bus :
 - Registration Number : _____
 - Driver assigned : _____ Name _____ Signature of driver with date _____
 - Conductor assigned : _____ Name _____ Signature of conductor with date _____
- d) Director's Approval (with date) : _____
- e) Odometer details (for drivers only) :

End of trip (odometer)		Time	__ : __ am/pm
Start of trip (odometer)		Time	__ : __ am/pm
Total distance covered (kms)		Duration (hours)	
- f) Our Bill Number & Date : _____
- g) Payment Receipt Details : Amount Rs. _____
Cheque number _____ Dated DD / MM / YEAR
Bank _____



ACKNOWLEDGEMENT SLIP

Vehicle availability : Yes No Payment terms : Free Payable
 If yes, booking number : _____ Office ☎ number : 2235 7913/ 7914
 Name of the Driver : _____ Driver's ① Number : _____

Signature with seal