

COLLEGE OF ENGINEERING TRIVANDRUM

APPLICATION FOR COLLEGE BUS PASS

NAME OF APPLICANT	:	
		STUDENT <input type="checkbox"/> STAFF <input type="checkbox"/>
COURSE	:	
BRANCH/ DESIGNATION	:	
SEMESTER	:	
IF STAFF		PERMENANT EMPLOYEE <input type="checkbox"/> TEMPORARY EMPLOYEE <input type="checkbox"/>
ADDRESS	:
	
	
CONTACT NUMBER	:	
ROUTE	:	A/N/T/M/L/V/P
BOARDING POINT	:	
FINANCIAL STATUS	:	BPL <input type="checkbox"/> APL <input type="checkbox"/>

* Students claiming BPL should attach a proof for the same.

DECLARATION

I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF THE COLLEGE BUS.

PLACE :

DATE :

SIGNATURE

(FOR OFFICE USE ONLY)

DATE OF FEE PAYMENT : _____ AMOUNT: _____

PAYMENT MODE: _____

NB:

BUS SECRETARY

ROUTE DESTINATION

A : MARUTHAMKUZHI
N : PAPPANAMCODE
T : THAMPANOOR
M : MANACAUD
L : ATTINGAL
V : KILIMANOOR
P : PALLIMUKKU