



ALL INDIA INSTITUTE OF MEDICAL SCIENCES
VIRBHADRA MARG, RISHIKESH-249203
VEHICLE REQUISITION FORM ON PAYMENT
(To be filled only capital letter by the user)

Date: ____/____/____

Official

To **Private**

Please tick (v) Pick

Drop

(AIIMS, Rsihikesh Main A/c, PNB Bank, 6189000100021125
IFSC Code PUNB0618900

Vehicle Incharge,
AIIMS, Rishikesh.

Flight No. /Train No. & Name _____

Name _____ Designation Department _____

ID # _____ Vehicle required (Date): ____/____/2025

Time: From _____ (Hrs.) to _____ (Hrs.) No. of persons traveling _____

Place/Place of visit: _____

Purpose of Visit: _____

Place & Time from where to be picked up: _____

Signature of User _____

M.T.O. _____

Mob:-

<p align="center">FOR OFFICE USE ONLY (Transport)</p> <p>Following vehicle is allotted.</p> <p>Vehicle No. _____</p> <p>Driver's Name: _____</p> <p align="right">Vehicle Incharge</p>	<p align="center">FOR OFFICE USE ONLY (Accounts)</p> <p>Rs...../- deposited vide cash/receipt/cheque/draft</p> <p>Receipt no.....</p> <p align="right">Cashier</p>
<p>Director for information _____ Sign _____</p>	

(For Driver use)

Driver Name		Vehicle No.	
Commencing Meter		Time of departure from duty	
Closing meter		Time of arrival from duty	
Total Mileage		Night charge	
Name of user & Mobile No.		Place & time to be picked up	

Date: ____/____/2024

Signature of Duty Officer

Signature of Driver

Signature of User

Note:

1. In case of private use of vehicle please attach proof of payment/digital transaction at cash section.
2. In case of official visit (Financial Asst.)/tour, please attach tour programme approved by Hon'ble Director, AIIMS, Rishikesh.

Note: User should enter starting & closing kilometre with time, to ensure the correct kilometre usage and sign the logbook at the time completion of the journey.