NEW HORIZON PUBLIC SCHOOL

(Affiliated to C.I.S.C.E, New Delhi, School Code - KA - 027)
The Trust is a Recipient of prestigious Rajyotsava State Award 2012 conferred by the Government of Karnataka

Sta mp
Affi x Size
Photo

APPLICATION FOR AC BUS FACILITY & RFID: 2026 - 2027

No. _____

1. NAME OF THE STUDENT :

2. Class _____ Section _____

3. Admission No. 4. Blood Group :

5. Father Name : _____ Mobile: _____

6. Mother Name: _____ Mobile: _____

7. Address : _____

_____

_____ (Res.)Tel No : _____

8. E-Mail : _____

9. Pick-up Point Name Bus No :

10. Drop Point Name Bus No :

11. Pick-up Point No.

12.

No.	Challan No.	Date	Amount

For point 13 check the bus fees document

13. Distance A ☐ B ☐ C ☐ D ☐ E ☐

DECLARATION

1) I declare that I have read the rules and regulations governing utilization of bus facility and have accepted the same. I shall abide by them strictly. Kindly provide bus facility for my ward.

Date : (Signature)

TRANSPORT DEPARTMENT

Verified Challan No. _____ Dated _____ Amount _____

Pick-up Point No. _____ Distance : A ☐ B ☐ C ☐ D ☒ E ☐

Transport Manager

ACCOUNTS DEPARTMENT

Verified the above details and records are updated

Date : **HOD ACCOUNTS**

RECEIVED THE RFID

Name : _____ Signature _____

Admin. No: Date: _____