

(To be filled by the Indenter)

Date:

NIE-ICMR, Chennai-77

VEHICLE INDENT

(To be submitted sufficiently in advance)

Name of the Indenter: _____

Name of Official requiring Vehicle: _____

Nature of Activity : NIE/ICMR activity Invited Meeting

Ongoing Project If, yes mention Project name _____

Others Specify: _____

Details of the Meeting: _____

_____ Duration: _____

Date Required: _____ Time of pickup: _____

Flight No & Time: _____ Flight departing from _____

Place of Pickup: _____ Drop: _____ & Return

Address of the Official Using Vehicle: _____

_____ Mobile No: _____

Accompanying Person(s) _____

(if a team, give number of Members)

Mobile No of Accompanying Person : _____

Special Instructions if any _____

Signature of Indenter

Name:

Date:

Signature of HOD/ In-charge _____

For Office Use only

Indent No: _____ Vehicle Allotted: 2 Wheeler Car / Jeep

Driver Allotted/Travels: _____ Vehicle No: _____

D.A (T)

S.O. (T)

A.O

(Transport Section to fill)

Driver Copy

Date:

NIE-ICMR, Chennai-77

VEHICLE INDENT

Name of Official requiring Vehicle: _____

Place of Visit _____

Date of Travel: _____ Duration Required: _____

Airport to NIE NIE to Airport Residence-Airport-Residence

Time of Pickup: _____ Flight No & Time: _____

_____ Flight departing from _____

Place of Pickup: _____ Drop: _____ & Return

Address of the Official Using Vehicle: _____

_____ Mobile No: _____

Accompanying Person(s) _____

Mobile No of Accompanying Person : _____

Special Instructions if any _____

In case of any emergency, please contact:

Mr. Michael Antony Joseph, Administrative Officer, Ph:9790848702

Mrs. R. Geetha, Administrative Officer

Transport Section Ph No: 044 – 2613 6268

Indent No: _____ Vehicle Allotted: 2 Wheeler Car / Jeep

Driver Allotted: _____ Vehicle No: _____

Signature of Driver: _____

D.A (T)

S.O. (T)

A.O

(Transport Section to fill)

Security Gate Copy

NIE-ICMR, Chennai-77

VEHICLE INDENT

Indent No: _____ Date: _____

Name of the Driver: _____

Vehicle No: _____

On _____ at _____ for _____

Pickup: _____ Drop: _____ & Return

D.A (T)

S.O. (T)

A.O

(To be filled by the Security Guard at the Gate)

Time Out: _____ Time In: _____

Name of the Security Guard: _____

Signature of the Security Guard: _____

Date: _____

Note: The Security Guard should inform the Section Officer, Transport Section, if the name of the driver and the vehicle number is different from what is written above. They should also record the same in this Indent Form.

In case of any emergency, please contact:

Mr. Michael Antony Joseph, Administrative Officer, Ph:9790848702

Mrs. R. Geetha, Administrative Officer