

KONGU ARTS AND SCIENCE COLLEGE (AUTONOMOUS)

NANJANAPURAM, ERODE – 638 107.

APPLICATION FORM FOR TWO WHEELER PASS

		Date:	
L. Name of the Student (In Capital Letter)	:		
2. Degree and Branch	:		
3. Register No.	:		Affix a recent
1. Mobile Number of the Student	:		passport size photo
5. Name of the Parent	:		
5. Mobile Number of the Parent	:		
7. Name of the RC holder	:		
3. Vehicle Registration No.	:		
9. Make and Model of the Vehicle	:		
LO. Driving License No.	:		
11. Residential Address	:		
hereby declare that the information furn	ished above is	true and correct to the b	est of my knowledge
Parent's Signature		Student's Signature	

Head of the Department

Enclose:

- 1. RC Copy
- 2. Driving License of the student

Tutor Signature

- 3. Insurance Copy of the vehicle
- 4. Stamp size photo of the student
- 5. Undertaking form of vehicle owner

Permission for Vehicle Use

Name of the RC Holder	:		
Relationship to the student	:	Affix a recent	
		passport size	
Mobile number of the RC Holder	:	photo of the	
Vehicle Registration No .	:	RC Holder	
Make and Model of the Vehicle	:		
Validity of the insurance	:		
Address of the RC Holder	:		
I permit the person		(Name and	
Class of the student) to use my veh	icle / the above registered vehicle.		
Date:	Signature of the Vehicle Owner/Parent		