



NATIONAL INSTITUTE OF ABIOTIC STRESS MANAGEMENT
GAT 35, MALEGAON KH, BARAMATI PUNE



Date: __/__/__

PROFORMA FOR INDENTING VEHICLES

Name(s): _____

Place(s) proposed to be visited: _____

When the vehicle is required Date: _____ Time: _____

Approximate Time for which vehicle is indented: _____ Hrs.

Type of vehicle required (Two wheeler/Four wheeler): _____

Purpose of journey: _____

Signature & Designation of Indenter

Recommendation
I/c Head of Schools/Section/SAO/F&AO

Vehicle allotted: _____ Driver Name: _____

Vehicle Co-ordinator

Director

Km Reading Out: _____ Km Reading In: _____

Driver



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