



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



Date: \_\_\_ / \_\_\_ / \_\_\_

**PERFORMA 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.

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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