

APPLICATION FORM FOR SCHOOL VAN / BUS PASS

Name of Stud	ent:							
		(in blo	ock letters)				ſ	
Gender:	☐ Male	☐ Female						РНОТО
Student's Age: 4. Blood Group:					(1" x 1")			
								2 x Photograph
School Timing	: On		Off				_	
Father's CNIC	No.							
Address: Resid	dence & Telep	hone:						
Telephone Co	ntacts in case	of Emergency:						
			Si	ignature:				
Name:								
Relationship:								
				Date:				
							===:	
Computer No: Bus No.			Bus No.: _					
ate Per Month:			Route:					
	Student's Age Name of Scho School Timing Parents / Gua Father's CNIC Address: Resid Address Office Telephone Co Note: Kindly a	Gender:	Gender:	Student's Age:	Student's Age:	Student's Age:	Gender:	Gender: Male Female Student's Age: 4. Blood Group: Name of School / College & Location: School Timing: On Off Parents / Guardians / Husband's Name / Occupation: Father's CNIC No. Address: Residence & Telephone: Address: Residence & Telephone & Fax No. Telephone Contacts in case of Emergency: Note: Kindly attach a photocopy of Allotment Letter & CNIC or lease rent document where approximate the state of th

APPROVED BY MTO



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EXISTING FARES

<u>Ser</u>	<u>Route</u>	DHA Residents/ Non-Residents
1.	Within DHA	Rs. 5,000/- PM
2.	DHA to Cantt	Rs. 6,000/- PM
3.	Cantt to DHA	Rs. 6,000/- PM
4.	DHA to City	Rs. 7,000/- PM
5.	City to DHA	Rs. 7,000/- PM

(All the above fares are subject to change)

Note: DHA School bus facility is a welfare measure/ facility for children of DHA employees only. Residents / non-residents are accommodated as a gesture of facilitation only when space is available. A route may be discontinued if it does not have any children of employee/ students of DHA institute.

UNDERTAKING

I Father / Mother of							
is resident of							
hereby undertake that in case of increasing number of DHA employee's school/	college going children and causing						
school vehicle overload, I will be bound to withdraw the transport facility of my Son/ Daughter without any							
hesitation accordingly to the decision of DHA Management.							
Signature:							
Name:							
Relationship with Student:							
Date:							