KHYBER MEDICAL UNIVERSITY BLOCK – IV, PDA BUILDING, PHASE V, HAYATABAD, KHYBER PAKHTUNKHWA, PESHAWAR, PAKISTAN.

E-mail Address: registrar@kmu.edu.pk Exchange Ph #:091-9217703, 9217696-97 Fax #:091-9217704

All Communication should be addressed to The Registrar, Khyber Medical University, Peshawar and not to any official by name.

**VEHICLE REQUISITION PERFORMA**

Name of Requisitioner : Designation:

Section/Institute:

Type of the Vehicle: Place of visit:

Time & date of movement out Time & date of return back

Purpose (Specific):

|  |  |
| --- | --- |
|  |  |



Nature of Duty:

Date: Applicant’s Signature

Remarks of the Head of Section/Institution:

Signature of Head of Section/Institution

Dated: Designation:

Approved/Not Approved

On Payment/Free **Registrar**

***FOR OFFICIAL USE***

A vehicle No. Type Driver

has been detailed to perform the duties as mentioned above and will report back.

Assistant Director Admn./Transport Officer

Copies to:

1. Requisitioning Officer/Official.
2. Assistant Registrar (Establishment).
3. PS to Registrar
4. Driver concerned
5. Office record.

Assistant Director Admn.