



RAJAGIRI VISWAJYOTHI
COLLEGE OF ARTS AND APPLIED SCIENCES
VENGOOR , PERUMBAVOOR KERALA- 683546

COLLEGE BUS -COMMENCEMENT/TERMINATION FORM

Student Information:

1. Name of Student: _____
2. Student ID: _____
3. Course/Year: _____
4. Contact Number: _____
5. Email Address: _____

Address Information:

6. Residential Address: _____

Conveyance Details:

7. Action Required (Start/Stop): _____
8. Effective Date: _____
9. Pick-up Point (if starting): _____
10. Drop-off Point (if starting): _____
11. Preferred Bus Route (if starting): _____
12. Reason for Stopping/Starting: _____

Emergency Contact Information:

13. Name of Emergency Contact: _____

14. Relationship to Student: _____

15. Emergency Contact Number: _____

Declaration:

I, _____ (student's name), hereby declare that the information provided above is true and correct to the best of my knowledge. I understand that the college bus service is governed by the rules and regulations of the institution and agree to abide by them.

Signature of Student: _____ Date: _____

For Office Use Only:

Action Approved On: _____

Bus Pass Issued/Terminated On: _____

Authorized by: _____
