CENTRAL UNIVERISTY OF KARNATAKA, KALABURAGI-585 367.

APPLICATION FORM FOR TRANSPORT FACILITY OF EMPLOYEES

Name of the Employee_____Designation:_____

Department/Section:_____

Whether Permanent/Contractual/Outsourcing/Guest Faculty/Others: _____

Pickup Point _____Route No./Name_____

Address: _____

_____

Mobile No.:_____ E-mail ID:_____

UNDERTAKING BY FACULTY/STAFF MEMBER

I_____hereby undertake to abide by the rules and regulations framed Central University of Karnataka, Kalaburagi from time to time for availing transport facility and give my consent to deduct bus charge from my salary as per norms. In case I decide to discontinue, I shall inform the concerned authorities in advance.

Date:_____ **Signature of Employee**

OFFICE USE ONELY

Prof./Dr./Mr./Ms./Mrs._____is hereby **Permitted/Not Permitted** to avail transport facility subject to availability of seats w.e.f. _____.

Signature of Dealing Assistant **Dean-Development**