



UNIVERSITY OF SAHIWAL,SAHIWAL
Ph: (92) (40-9200432) Fax: (92) (40-9200430) www.uosahiwal.edu.pk
OFFICE OF THE TRANSPORT OFFICER

VEHICLE ENTRY PERFORMA

STUDENTS INFORMATION:

Name of Students: _____

Fathers Name: _____

Class: _____

Class Roll #: _____

Department: _____

VEHICLE INFORMATION:

Vehicle Type:

CAR	MOTOR CYCLE	RICKSHAW	VAN	OTHER
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Owner's/Driver's Name: _____

Owner's/Driver's ID CARD No: _____

Owner's/Driver's Driving License No. _____

Vehicle Registration No: _____

Signature Owner: _____

Student Signature: _____

Attested/Verified by

Name: _____

Designation: _____

Stamp: _____

Note: Please attach the Copy of (Registration book, CNIC Card, Driving license and University ID Card)

Official Use

Sr. No: _____ Registration No: _____

Issue Date: _____ Validity: _____

Counter Sign: _____ Signed by: _____

Resident Officer