



# COMSATS Institute of Information Technology

Defence Rd. Off Raiwind Rd. Lahore. Phone 042-111-001-007 Ext. 909

Request No/Date: \_\_\_\_

## Modified Transport Request Form

Note: The Request form must be submitted in duplicate to transport office two days before departure.

Place(s) to be visited: \_\_\_\_\_

Purpose:  Official  Private/on payment  Emergency

Detail: \_\_\_\_\_

Dated: \_\_\_\_\_ Timing (From): \_\_\_\_\_ To \_\_\_\_\_

Name: \_\_\_\_\_ Designating/Department: \_\_\_\_\_

Mobile No: \_\_\_\_\_ Signature: \_\_\_\_\_

Recommended/Forwarded by (H.O.D/Incharge): \_\_\_\_\_

Approved By (Convener/Manager C&L/Transport Officer: \_\_\_\_\_

Director: \_\_\_\_\_

## Movement Order

Driver: \_\_\_\_\_ Vehicle No: \_\_\_\_\_

Is assigned to perform duty with: \_\_\_\_\_

Dated: \_\_\_\_\_ Timing (From): \_\_\_\_\_ To \_\_\_\_\_

Transport Officer

## Kilometer covered

Meter reading start: \_\_\_\_\_ End \_\_\_\_\_

Total kilometer: \_\_\_\_\_ Driver's Signature \_\_\_\_\_

Traveler's Signature

Transport Officer

*\* Note: Signature of traveler are compulsory if not done than misuse shall be charged to traveler*

## **Vehicle Gate Pass**

Request No/Date: \_\_\_\_\_

Vehicle/Make: \_\_\_\_\_ Driver \_\_\_\_\_

Dated: \_\_\_\_\_ Out Time: \_\_\_\_\_ In Time: \_\_\_\_\_

Purpose:  Official  Private/on payment  Emergency

Transport Officer



# COMSATS Institute of Information Technology

## APPLICATION FORM FOR EX-PAKISTAN LEAVE

Name \_\_\_\_\_ Designation \_\_\_\_\_

Department \_\_\_\_\_ Campus \_\_\_\_\_

Date of Joining CIIT \_\_\_\_\_ Present Grade of Pay \_\_\_\_\_

Nature of Ex-Pakistan Leave: 1 Duty  2 Earned  3 Sabbatical  4 Study  5 Other   
Please tick Choice

From \_\_\_\_\_ to \_\_\_\_\_ Total Number of Days \_\_\_\_\_  
Total Number of Working Days \_\_\_\_\_

Purpose for Visit aboard 1 Official  2 Private  3 Scholarship  4 Conference Symposium/Seminar   
5 Meeting  6 Linkages with Institution /University aboard

Any Other Purpose \_\_\_\_\_ (Please Attach detail)

### Reference of Previous Visits aboard during Last year, If any:

Extra sheet can be used, if required

(a) \_\_\_\_\_

(b) \_\_\_\_\_

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

### For Official Use Only (Concerned Campus)

#### a) Leaved Record

Earned Leave		Casual Leave	
Availed	Balance	Availed	Balance

Date \_\_\_\_\_ Signature \_\_\_\_\_ Designation \_\_\_\_\_

#### b) Recommendation of the Campus Incharge/Campus Director

Recommended / Not Recommended

Remarks \_\_\_\_\_

Signature \_\_\_\_\_ Designation \_\_\_\_\_

#### c) Approving Authority (Principal Seat)

Approved / Not Approved

Signature \_\_\_\_\_ Designation \_\_\_\_\_

Date \_\_\_\_\_