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 misusage 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

<table>
<thead>
<tr>
<th>Earned Leave</th>
<th>Casual Leave</th>
</tr>
</thead>
<tbody>
<tr>
<td>Availed</td>
<td>Balance</td>
</tr>
<tr>
<td>Availed</td>
<td>Balance</td>
</tr>
</tbody>
</table>

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 _______________________________