



Requisition No. \_\_\_\_\_  
Date \_\_\_\_\_ Time \_\_\_\_\_

**अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स), गुवाहाटी**  
**All India Institute of Medical Sciences, Guwahati**  
**Changsari, Assam PIN – 781101**

**Vehicle Requisition Form**

1	Name & Designation of Requisitioning Officer	
2	Whether vehicle will be used by the Requisitioning Officer or by some other person (give details)	
3	Total Number of persons with designation that will travel in the vehicle	
4	a) Date & Time	
	b) Pick up Point/Location	
5	Time at which the vehicle will be released	
6	Place of visit	
7	Purpose of visit in detail	
8	Details of Permission letter (if any) (Please attach a copy if available)	

Certified that the officer using the vehicle will not draw any TA etc. from the AIIMS Guwahati or any other agency for performing the duty for which the vehicle is requisitioned. It is also certified that the journey is fully official for which vehicle has been requisitioned.

Mobile Phone No.: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone No. (if any):- \_\_\_\_\_

Signature of the Faculty/Officer  
Requisitioning the Vehicle with Seal Office

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Recommended by

(Signature of Competent Authority with seal)

Approved by

Executive Director, AIIMS Guwahati