



Medical and Dental College HITEC-IMS

Transport Request Form

Student Name: _____

Contact # : _____

Father/Guardian Name: _____

Contact # : _____

Class/Year: _____

Address: _____

Undertaking by the Student:

I have read the transport policy and will abide by all the instructions as laid down in the policy.

Student Signature: _____

Parents/Guardian Signature: _____

Date: _____