

GURU JAMBHESHWAR UNIVERSITY OF SCIENCE & TECHNOLOGY, HISAR

**PROFORMA REGARDING REQUIREMENT OF STICKERS BY
THE UNIVERSITY EMPLOYEES FOR USE ON THEIR VEHICLES**

1. Name of the University Employee : _____
2. Designation : _____
3. Name of Office/Deptt. : _____
4. Residential Address : _____

5. No. of Stickers required : _____
6. Details of Vehicles for which stickers are required :

Sr. No.	Type of Vehicle	Reg. No. of Vehicle (Photocopy of RC of each vehicle be attached)	In whose name vehicle is Regd.	Relation with the employee.

Encl:

Signature of Employee

Recommended and forwarded to Asstt. Registrar (Security) for issue of stickers.

Signature with Seal
Head of the Department

FOR OFFICE USE ONLY

1.	Sr. No. of the application as entered in Sticker Issue Register	
2.	Sr. No. of Stickers Issued Vehicle- wise	