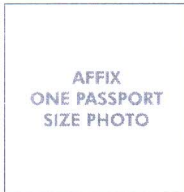




Beside Ahmedabad Dental College, Nr. Arjun Farm, Ranchhodpura-Bhadaj Road, Ranchhodpura, Ahmedabad.
Ph: 02764 260 359 / 246 | Mob.: +91 90 999 33 804
URL: www.ogis.edu.in / www.calorxglobal.org

APPLICATION FORM FOR TRANSPORTATION

To Be filled by office



Admission Number:
Admission to Class:

<input type="checkbox"/>	NOT SEEKING TRANSPORT FACILITY
<small>(Please Tick)</small>	
Sign:	
Date:	

- Student's name in full (Block Letters):
- Father's name in full (Block Letters):
- Mother's name in full (Block Letters):
- Residential Address:
- Telephone No.(R): (M)
- Route Number (Preferred): 7.Pick Up / Drop point (Preferred):

Instructions

- The address provided above shall remain valid for at least six months.
- Any application for change in the residential address should be submitted one month in advance to the transport in charge. Subsequently, transport will be provided subject to availability of seats on that particular route / areas in which the school bus is plying. If you need any help of difficulty please contact Transport In-charge.
- No temporary changes or adjustment in school transport will be entertained.
- The pick up point and dropping point of your ward will be decided by the school & request for extension or change in route will not be accepted.
- This form must be duly filled in and submitted at the school on the stipulated date. The school shall not be responsible for providing transport if this form is not received on time.

Date:

.....
Signature of Parent / Guardian

To be filled in by Transport Department

Alloted Route No.:

Bus Stop:

Date:

.....
Signature of Transport In charge