

NATIONAL INSTITUTE FOR RESEARCH IN ENVIRONMENTAL HEALTH  
KAMLA NEHRU HOSPITAL BUILDING  
GANDHI MEDICAL COLLEGE, BHOPAL

VEHICLE REQUISITION FORM

1. Name & Designation of Indenter: \_\_\_\_\_
2. Date on which vehicle is required: \_\_\_\_\_
3. Time on which vehicle is Required: From \_\_\_\_\_ To \_\_\_\_\_
4. Place of visit : \_\_\_\_\_
5. Expected Distance from NIREH: \_\_\_\_\_
6. Purpose of visit : \_\_\_\_\_
7. Persons using vehicle :
  1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_

Approved by:

Indented by:

Signature

Signature with date:

Name:

Designation

Vehicle No: