

**VEHICLE STICKER REQUEST FORM FOR  
EMPLOYEES****Instructions:**

- i. Please provide the information requested below.
- ii. One Attested copy of the following documents should be attached with this form.
  - a. CNIC.
  - b. Photo copy of Registration Book of the Vehicle.
- iii. Submit the completed form to the Security Officer through proper channel.
- iv. Incomplete Application form will not be entertained.

**Employee's Particulars:**

1. Name:	_____
2. Father's Name:	_____
3. Designation:	_____ Department: _____
4. Employment Type:	Permanent <input type="checkbox"/> Contract <input type="checkbox"/> Visiting <input type="checkbox"/>
5. Please provide the duration of employment (only for contractual/Visiting employees):	from _____ to _____
6. Telephone No: Office _____ Mobile: _____ Residence _____	
7. Postal Address:	_____ _____ _____

**Vehicle's Particular (According to the Registration Book):**

1. Vehicle's Make & Type:	_____
2. Owner's Name:	_____
3. Registration No: _____ Colour: _____ Model: _____	
4. CNIC No: _____	_____
5. Postal Address:	_____ _____

**Undertaking:** I shall return the sticker if I leave the University or sell my vehicle

Signature of the Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Chairman / Head of Department:**

It is certified that the statements made herein by the applicant are correct.	
a. Forwarded for the issuance of the Vehicle Sticker <input type="checkbox"/>	b. With held <input type="checkbox"/>
Name: _____	Signature: _____ Date _____

**Security Officer:**

Approved  Not Approved

Remarks: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_

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**For Official Use only  
(Office of the Security officer, Incharge)**

Name of applicant: \_\_\_\_\_

Department: \_\_\_\_\_

allowed sticker No. \_\_\_\_\_ for the period of \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

**Security Officer, Incharge**