

AIR FORCE NURSERY SCHOOL

TRANSPORT PERFORMA

1. Name..... Class/Sec.....
2. Father's Name..... Mother's Name.....
3. Contact No (Father)..... (Mother).....
4. Address.....
5. Driver Name..... Vehicle No.....
6. Contact No. (Driver).....
7. Mode of Transport (Van/ RTV).....
8. Pickup Point..... Time.....

Note: I hereby confirm that my ward is travelling through this Van/RTV person. The above details are true.

Enclosed: Driving license, RC and Aadhar card of the drive.

Parent Signature (_____)

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