**Conveyance Cancellation Form**

 **(Students)**

**Department**……………………………………… **Semester**…………………………….. **Date** …………………………

|  |  |
| --- | --- |
| **Name Of the Student:** |  |
| **Admission No:** |  |
| **Gender:** |  |
| **Bus No:** |  |
| **Allotted Bus stop:** |  |
| **Dues cleared** (sign & seal from A/C section) |  |
| **Submitted the ID card with ‘B’ (yes/No)**(signature from ID card In charge) |  |
| **Reason for discontinuing college bus facility:** |  |
| **Signature of Faculty Advisor**(Not required for first semester students)**:** |  |

Signature of the Student…………………………………. Signature of the Guardian…….……………………

 **Office**

 Date with effect from…………………………….. Signature of the Convener…………………………………

Head of Institution…………………………….