**O. P. JINDAL SCHOOL, RAIGARH (CG) 496 001**

Phone: 07762-227042, 227293, 227001 (Extn. 49801, 49802, 49804, 49806); Fax: 07762-262613; website: www.opjsrgh.in; e-mail:opjsraigarh@jspl.com

OPJS/QMS/BUS/01

**PROFORMA FOR DUPLICATE I-CARD/ CHANGE OF ADDRESS / BUS FACILITY**

 **(Note: Forms which are incomplete in any respect will not be considered)**

To, Date \_\_\_\_\_\_\_\_\_\_\_

The Principal

O.P. Jindal School

Raigarh (CG), INDIA.

Subject : **(Tick out your requirement)** 1) Start availing Bus Facility

 2) Change / Modify facility

 3) Withdraw bus facility

 4) Duplicate I-Card

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sl.No. | Admission Number | Name of student | Class | Section |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Dear Sir,

With reference to the ticked out subject, You are requested to do the needful as early as possible. The details of my address are as follows :

|  |  |
| --- | --- |
| **Old Details** | **New details** |
| Address - | Address - |
| Bus No. - | Bus No. - |
| Bus Stoppage - | Bus Stoppage - |
| Mobile No. - | Mobile No. - |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Name & Signature Date

……………………………………………………………………………………………………………………………………………………

**For office use only**

Updated in software by (Signature & Date): : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Receipt No. & Date (if the charge is applicable for the facility ): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I-Card given for print on (date) :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I-Card received from vendor on (date) :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I-Card received by the applicant (Signature) with Date :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_