



# इलाहाबाद विश्वविद्यालय

प्रयागराज- 211002, उ०प्र०(भारत)

UNIVERSITY OF ALLAHABAD

Prayagraj - 211002, U. P. (INDIA)



Paste recent  
photograph

## (UNDERTAKING FORM FOR TRANSPORT FACILITY FOR STUDENT)

Sr. No	Particulars	Details
1.	Name of the Student	
2.	Name of the Father and address with contact number  Emergency contact number & local guardian (in case of any emergency)	
3	Class  Name of the course  Name of the Department/ Center / Institute  Enrollment Number  Student ID Card number  Student Contact Number	

	( Copy needs to enclose)	
4.	Boarding point	
5.	Copy of the Aadhar Card	

**Note: Attach one extra photo**

**UNDERTAKING FOR TRANSPORT FACILITY BY STUDENT**

I, \_\_\_\_\_ S/o/ D/o \_\_\_\_\_ hereby solemnly affirm and undertake that:

- A. I shall abide by all the provisions/instructions of the University' Administration while using the University's transport facility.
- B. The University's Administration will be at liberty to impose any penalty or any disciplinary action(s) on me being found guilty of, any sort of misconduct or indiscipline or disobedience while using this transport facility.
- C. I shall carry the transport PASS all the time while boarding the transport vehicle. I understand that the University' Administration has the authority to check the transport PASS at any time.
- D. I shall board the transport vehicle from the assigned boarding point/location only.
- E. I shall be liable to pay for any damage caused by me to the transport vehicle.
- F. The University' Administration shall not be liable for any damage, loss, accident, and/or mishappening, suffered by me, during the transit time.
- G. For any unforeseen issues arising, that is not covered by this Undertaking, or in respect of all the matters, not expressly provided herein, the Institution may take an appropriate decision that shall be final and binding to me.

H. The University' Administration has reserves the right to frame, amend, revoke or repeal the Provisions including timings, boarding points, etc. and that will be effective and binding on all the concerned, as decided by the Institution from time to time.

I. I am giving this undertaking with full understanding and state that the information given by me above are true and complete to the best of my knowledge and belief and the certificates, documents and other information submitted by me are genuine and nothing has been concealed / suppressed. I understand that if any of the statements made by me above is found incorrect, I shall be liable to such disciplinary action(s) and/ or penalty as may be decided by the Institution, notwithstanding legal action under the law of the land. In such case, the transportation fee deposited by me shall be forfeited.

J. In case of any dispute, decision of the Hon'ble Vice Chancellor will be binding.

Place: .....

Date: .....

(Signature of the Student)  
Name of the student

1	Name of the Father and address with contact number
2	Emergency contact number & local guardian (in case of any emergency)
3	Class Name of the course Name of the Department/ Center/ Institute Enrollment Number Student ID Card number Student Contact Number (Copy needs to enclose)