Directorate of PPQ&S, Faridabad

VEHICLE INDENT

Date of indent:		Date on which required:
Time:		Time:
1	Nama & Decimation of	[Holiday/Saturday/Sunday]
1.	Name & Designation of	
	Officer(s)/ Official(s):	
2.	Exact place of visit:	
3.	Purpose of visit (in detail):	
4.	Name & Designation of Officer	
	Who has approved the visit:	
	Countersignature	Signature
	With remarks of	of Indenting Officer(s)/ Official(s)
	Controlling Officer	
		of PPQ&S, Faridabad CLE INDENT
Date o	of indent:	Date on which required:
		Time:
		[Holiday/Saturday/Sunday]
1.	Name & Designation of	
	Officer(s)/ Official(s):	
2.	Exact place of visit:	
3.	Purpose of visit (in detail):	
4.	Name & Designation of Officer	
	Who has approved the visit:	
	Countersignature	Signature
	With remarks of	of Indenting Officer(s)/ Official(s)
	Controlling Officer	