

VEHICLE INDENT

Date of indent: _____

Date on which required: _____

Time: _____

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
With remarks of
Controlling Officer

Signature
of Indenting Officer(s)/ Official(s)

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