

GOVERNMENT COLLEGE OF YOGA EDUCATION & HEALTH,
SECTOR 23-A, CHANDIGARH (0172-2700378)

APPLICATION FORM FOR BUS PASS

1.	Name of the applicant	
2.	Father's Name	
3.	Gender	
4.	Residential Address	
5.	Mobile Number	
6.	Email ID	
7.	Category: Student/Employee	
8.	Class and College Roll No.	
9.	Session	
10.	Route	From _____ To _____

Date: _____

(Signature of the applicant)

Place: _____

Required documents:-

- Filled relevant form for application bus pass issued by the Transport Authority
- Self-attested copy of College ID Card
- Self-attested copy of AADHAR Card
- One Passport Size