

PIONEER INSTITUTE OF PROFESSIONAL STUDIES

Sector- R, Mahalaxmi Nagar, Opposite Bombay Hospital, Ring Road, Indore-10

Tel: 0731-2570645, Fax: 0731-2550866, Email: pipsind@gmail.com

**PLEASE READ ENTIRE FORM CAREFULLY BEFORE MAKING ENTRIES THEREIN.
PLEASE SIGN ALL PAGES. PLEASE FILL FORM IN CAPITAL LETTERS AND NEATLY.**

Application Form for Bus Facility Session 20....- 20....

Date: _____

To,
The Director,
Pioneer Institute of Professional Studies,
Sector-R, Mahalaxmi Nagar, Near Bombay Hospital,
Rind Road, Indore-452010

Affix stamp size
Photograph here

Dear Sir / Madam,

I, _____

S/o Shri _____

Permanent resident of _____

have taken admission in the Pioneer Institute of Professional Studies in the course _____ in the year _____. I am desirous of availing Bus Facility as per specified scheduled rates provided to me and hereby accept all your terms and conditions. I also understand that Bus Charges depends on various factors which can increase in future and I am ready to pay the same.

I, shall sign both the condition sheet & the affidavit; counter signed by my parents & assure you to abide by all the prevailing rules & regulations which may be amended from time to time, so as to make my journey/commuting in bus secured and comfortable.

I agree to pay entire transportation fees at the time of admission and shall obtain receipt from you.

I am also aware that the Bus facility provided to me is for entire academic session.

Thank you,
Yours truly,

Signature of the Student

Signature of the Parent

Bio-Data (Student)

- 1. Name : _____
- 2. Age : _____
- 3. Date of Birth : _____
- 4. Blood Group : _____
- 5. Father's name : _____
- 6. Contact No. : Mobile _____ Landline No: _____
- 7. Email ID : _____
- Occupation _____
- Office Address & phone nos : _____
- (Please enclose photograph) _____
- 8. Mother's Name : _____
- 9. Contact No. : Mobile _____ Landline No: _____
- 10. Email ID : _____
- Occupation (If Applicable) _____
- Office Address & phone nos : _____
- (Please enclose photograph) _____
- _____
- Permanent Address & Phone : _____
- number _____
- _____
- 11. Pick UP Point and Drop Point: Pick UP point: _____ Drop Point: _____
- 12. Route No. and Route Name : _____
- 13. In case of emergency, contact no of family doctor along with name of Doctor: _____
- _____

Signature of the Student

Signature of the Parent

Rules & Regulations for availing Bus Facility

1. The Bus Facility will be granted to the student only by the Management decision after assessing the viability and route availability options.
2. The charges for the Bus Facility have to be paid in one single installment before availing the bus facility. Bus charges cannot be paid in installments.
3. Once Bus Facility is opted and charges are paid no amount will be refunded back to the student if the student desires to cancel the bus facility. Cancellation of bus facility is not possible at any point of time.
4. Bus charges are dependent upon escalation of various factors which are not in the control of Management and therefore Management reserves all the rights to revise the Bus facility charges at any point of time.
5. Bus Facility will be granted for the complete Academic Year and charges will have to be paid for the complete Academic Year (July to June). Availing Bus Facility on a monthly basis is not permissible.
6. Management reserves the rights to reject an application for bus facility on the basis of non-availability of minimum number of students, viability of the bus running on a route, pick up point not on the route, etc.
7. Any change in the pick up point and drop point have to be intimated to the Management in advance and after assessing the viability and other factors Management will approve / disapprove the same. Without approval of Management, pick up point and drop point will not be changed for the student.
8. Management will expel / stop the student from availing the bus facility at any point of time without refunding any bus charges & without any notice period in the following events:-
 - a. Mis-behavior, mis-conduct, any kind of disturbances with staff / driver / conductor in the bus.
 - b. Any kind of act which amounts to Ragging as per DAVV, UGC and AICTE definitions.
 - c. Causing any kind of harm / damage to the bus / students / staff.
 - d. Causing any kind of disturbance to other students sitting in the bus.

I _____ the student (applicant) hereby declare that I have read and agree to abide by all the Rules and Regulations given above.

Signature of the Student

Declaration

I, hereby declare that all the information given above & in various pages are true to the best of my knowledge and belief.

Further, I agree & promise to abide strictly by all the rules & regulations of the Pioneer Institute of Professional Studies in force, or as may hereafter be modified from time to time. I clearly understand that failure to do so shall make me liable to expulsion from the Pioneer Institute of Professional Studies forfeiting caution deposits and for entire year in addition to payment of all damages that may be due from me.

I further declare that my admission may be cancelled at any stage if,

- (i) I am found ineligible or information submitted is incorrect,
- (ii) I am found involved in any kind of undesirable / indisciplinary activities,

I agree to pay the prescribed charges for the Bus Facility i.e. deposit of Rs. _____ (_____ only).

Date _____

Full signature of the student

For Office Use Only

Root No. Allotted: _____

Date of Allotment _____

Details of charges paid in Cash:

Receipt No. _____ Date _____ Amount Rs. _____

Receipt No. _____ Date _____ Amount Rs. _____