

# TRANSPORT FACILITY

(Incomplete Form will not be accepted)

SEMESTER

Semester Start Date:

Semester End Date:

Name of Student:

CASE Roll No:

Mobile No & email:

Residential Address:  
(For Pick & Drop)

## Terms & Conditions:

1. Transport facility is provided for complete semester and can not be discontinued within the semester
2. Fee will be charged in advance on monthly basis (Maximum by 5th of every month)
3. No refund in case of discontinuation of facility by a student (for any reason)

# CONSENT

Monthly Charges/Fee (Rs.)

Route No:

I,

CASE Roll No.

do hereby agreed with the above mentioned terms & conditions and show my consent to avail the transport facility. Furthermore, I bind myself for the timely payment of the above mentioned fee.

\_\_\_\_\_  
Signatures  
Student

\_\_\_\_\_  
Signatures  
(Parents/Guardians)

\_\_\_\_\_  
Approved by:

## For more information contact:

Khawaja Waqas Yasin  
Director Administration  
Email: waqas@case.edu.pk.  
Address: G-14, Cosmopolitan Campus, Isd  
Mobile # 0321-8568726

## Attachments:

1. Copy of CNIC - Student
2. Copy of CNIC - Parents/Guardians