

## Application for Car Parking Permit of AIIMS Patna

Please note that your application must be signed by your Department Head/Faculty Incharge.

Employee Details:

Applicant Name

Designation

Department

Date of Joining AIIMS Patna:-

Employee ID No:-

**Base** :- Medical College/Ayush PMR/OPD Block/ Trauma/IPD Block

Shift Pattern

Contact Tel No

On Call (Y/N)

Employed by AIIMS Patna (Y/N)

Email address:

### Car Details/ Motorcycle details

Car: Make:

Colour

Registration No

Bike: Make:

Colour

Registration No

Please Note:

The following information will be used by the local permit allocation panel to determine your eligibility for a car-parking/Motorcycle permit.

False information given may result in withdrawal of your permit application.

1. Are you registered Disabled? Yes /No If 'Yes', please provide a copy of your disability certificate.

2. Are you required to move between sites? Yes No If 'Yes', how frequently?

### Undertaking

I declare that I agree to abide by the rules of Car Parking laid down by AIIMS Patna. In case I am issued an unauthorized car park notice then I agree to pay the penalty of Rs 200 within 14 days of issue of notice. In case I fail to pay the penalty within 28 days, money may be deducted from my salary and my car park permit may be cancelled.

Signature of Employee:

Signature of Head of Deptt. /Faculty Incharge With Seal