

Lala Lajpat Rai University of Veterinary and Animal Sciences, Hisar

Job Order form

Form no. AU-12

Date _____

Vehicle No. _____

Vehicle Mark: _____

Scheme No. _____

K. M. reading: _____

Department: _____

Description of work

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Sig. of Driver **Mechanic**

Incharge Transport Office
LUVAS, Hisar

Transport Officer
CCSHAU, Hisar

Sig. of HOD
with stamps

Description of material/used parts

Sr. no.	Description	Qty.	Amount	No. of indent with date
----------------	--------------------	-------------	---------------	--------------------------------

Certified that the above parts were fitted in my presence and repairs were got done to my best satisfaction. Old parts received by the driver concerned.

Sig. of driver

Mechanic

Incharge Transport Office
LUVAS, Hisar

Transport Officer
CCSHAU, Hisar