



**DIRECTORATE OF ADMINISTRATION
UNIVERSITY OF MALAKAND**

Phone#0945-9250522-528

Extension#3056

VEHICLE STICKER FORM FOR EMPLOYEES

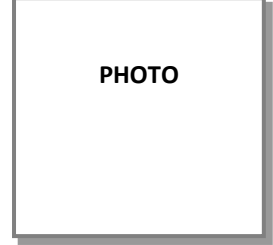
To be filled in Block/Capital letters

Name: _____ F/Name: _____

CNIC No. _____ Cell No. _____

Designation: _____ BPS/TTS: _____

Department/Section: _____



Brown Sticker(Colony Resident) _____ Green Sticker(Non-Resident) _____

Vehicle Registration No. _____ Model: _____

Chasis No. _____ Type of Vehicle: _____

Permanent Address: _____

Certified that the above information have been checked and found correct as per available record.

Applicant's Signature

**Chairman/HoD
(Sign&Stamp)**

Administrative Officer

Countersigned By

Director Administration

Deposited Rs.100/- in A/C No.3-2 (NBP UoM) Receipt No. _____ Dated: _____

Sticker S.No. _____ Issue Date: _____ Expiry Date: _____

Copies to be attached:

1. CNIC & Service Card
2. Vehicle Documents
3. House/Room Allotment
4. Bank Receipt (Original)