

PRIVATE VAN TRANSPORT INFORMATION FORM 2025-26

NAME OF THE CHILD: _____

CLASS: _____ SECTION: _____ ADMISSION NO: _____

FATHER'S NAME: _____ MOBILE NO: _____

MOTHER'S NAME: _____ MOBILE NO: _____

ADDRESS: _____

MODE OF TRANSPORT – **PRIVATE VAN**

Photograph
of the child

Photograph
of the
Van Driver

I, parent of, Class, Sec, of Niscort Fr. Agnel School, Vaishali, hereby declare and undertake as under:

1. That our ward travels by private van to school and an authorization letter will be submitted if there will be any change of driver / Van.
2. That the Van Driver's name is Mr. _____ Mob _____
And his ID _____, ID no _____
3. That we have verified the identity and other details of the Driver and we are fully responsible for the decision of hiring this Owner/Van Driver. We assure that the van driver will strictly follow the school rules & timings.
4. The School Management / School is not responsible for any untoward incident in any manner whatsoever.

Fathers Signature

Mothers Signature

Date: _____

AFFIDAVIT

We.....(Father) and.....(Mother)
parents ofof Class.....,section.....of
Niscort Fr. Agnel School, Vaishali, do hereby affirm the following:

1. That we have chosen to send our ward to school by a Private Vehicle.
2. That we know the driver and the conductor and are aware of their antecedents.
3. That we are regularly monitoring the physical fitness of the vehicle and that drivers and conductors are complying with the safety norms of our child, and
4. That we do not hold the school responsible for traffic accident as the vans have not provided nor vetted by the School.

Fathers Signature

Mothers Signature

Date: _____

NOTE: Compulsary , The above Affidavit nto be submitted on Rs.10 Stamp paper.