

**QUAID-E-AZAM PUBLIC COLLEGE, GUJRANWALA.**  
**PERFORMA FOR TRANSPORT FACILITY ON PAYMENT**

1. Name of the Student \_\_\_\_\_
2. Father's Name \_\_\_\_\_
3. Class \_\_\_\_\_
4. Section \_\_\_\_\_
5. Present Home Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Phone No. \_\_\_\_\_
7. Name of Nearest Bus Stop \_\_\_\_\_

Certificate that I will regularly pay the transport charges as determined by the College Authorities from time to time.

Signature \_\_\_\_\_

Name (Parent/Guardian) \_\_\_\_\_

Approved / Not Approved

PRINCIPAL