

GOVERNMENT OF PAKISTAN  
ESTABLISHMENT DIVISION  
STAFF WELFARE ORGANIZATION  
**COMMUNITY CENTRE AABPARA**

**APPLICATION FORM FOR THE RESERVATION OF COASTER**  
*(Federal Government employees and their real dependents are eligible)*

1. Name of applicant \_\_\_\_\_
2. Designation with BS \_\_\_\_\_ CNIC No. \_\_\_\_\_
3. Name of Department/Office \_\_\_\_\_  
Phone (Office) \_\_\_\_\_ (Res) \_\_\_\_\_ Cell No. \_\_\_\_\_
4. Name of Dependent \_\_\_\_\_ Relation \_\_\_\_\_  
(Attested copies of Pay Slip, CNIC of the employee and CNIC of dependent should be attached)
5. Reservation required on (Date) \_\_\_\_\_ Time (from) \_\_\_\_\_ To \_\_\_\_\_
6. Purpose of reservation \_\_\_\_\_
7. Complete address where vehicle is required \_\_\_\_\_  
\_\_\_\_\_
8. In case of local use from \_\_\_\_\_  
To \_\_\_\_\_  
(Complete address may be given)
9. In case of out station from \_\_\_\_\_  
To \_\_\_\_\_  
(Complete address may be given)

Signature of applicant

**ENDORSEMENT OF THE OFFICE OF THE APPLICANT**

File No. \_\_\_\_\_

dated. \_\_\_\_\_

It is certified that the information furnished above by the applicant under columns 1-9 is correct.

Signature of the Head of the office

**Note**

1. If the vehicle is not available due to any technical/mechanical fault on the booking date or breakdown during the journey, the department will not be held responsible.
2. Booking is neither transferable nor refundable.
3. Booking can be cancelled within 24 hours notice for any unforeseen.

Signature of applicant