## <daily travel from residence to school/college>

## CERTIFICATION FROM THE SCHOOL/COLLEGE AUTHORITIES

## Signature of the signing authority at the school/college

Round Seal of the school/college

Emp.No. of the employee:

Name of the employee:

Residential address of the employee <as per official records>

Pass Route required from ......to ......to

Signature of the Employee

Forwarded to APO/R by competent authority (SSE/Ch.OS)

Seal of the SSE/Ch.OS

Signature of the forwarding official