



BUDDHIST & PALI UNIVERSITY OF SRI LANKA

Application for a Vehicle Pass

STAFF ONLY

Name in Full:

Department/Unit:.....

Position:..... (Permanent/ Temporary*)

E mail:

Employment No:

Telephone: Official: Mobile:

Vehicle No: Type of Vehicle:

Date: Signature:.....

**Temporary Staff: Please get the application recommended by the Head/Director*

For Office Use:

Permit issued/Rejected:

Code: