

NATIONAL INSTITUTE OF CANCER PREVENTION AND RESEARCH (ICMR)
I-7, Sector-39, NOIDA (U.P.) – 201301

Staff Car Requisition

Name of the Officer with designation _____

Date & time of Requisition _____ Vehicle required on _____ from _____

Place of Visit _____

Purpose _____

Special instructions, if any _____

Name of Drivers

Signature of the Officer

Sh.Ram Prakash

Sh.Dheeraj Rajaura

Sh Kailash Kumawat

Sh.Tara Chand Gujjar

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