

## TERTIARY EDUCATION COMMISSION

### *Survey on Provision of Free Transport to Full-time Students Attending Post Secondary Education Institutions*

1. Name of Student: .....
2. Residential Address: .....
3. Telephone Number: ..... Mobile: .....
4. Name of Educational Institution: .....
5. Address of Educational Institution: .....
6. Course Followed: .....
7. Approximate distance from residence to institution: ..... (in kms)
8. Mode of Travel to Institution: **(Please tick as appropriate)**  
 Walking       Public Bus       Own Transport       Contract Bus
9. In case of public bus, please indicate (one way only)

S.N	Bus Route No.	Operator	From	To	Distance (km)	Bus Fare (Rs.)
1.						
2.						
3.						
4.						
<b>Total (One Way)</b>						

10. Total cost of bus fare (daily):      Rs. ....
11. Do you have a bank account? **(Please tick as appropriate)**      Yes       No

I certify that the information provided above is true and correct.

Signature: .....      Date: .....

*Please note that this form should be filled in and returned to the institution by **Tuesday 30 August, 2005 at latest***  
**Information submitted will be treated in strict confidentiality**

#### **For Use by the Education Institution Only**

I certify that the details provided by the above named student are correct.

Name of Responsible Officer: .....

Signature: .....

Date: .....

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**INSTITUTION:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**COURSE:** \_\_\_\_\_

S.N	NAME OF STUDENT	RESIDENTIAL ADDRESS	APPROX. TRAVEL DISTANCE (KM)	BUS ROUTE(S)	OTHER MODE OF TRAVELLING	TRAVELLING COST BY BUS PER DAY (Rs.) [Home - Institution and Back]	ESTIMATED ANNUAL COST (Rs.)	REMARKS
<b>TOTAL</b>								

Name of Responsible Officer \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

