

WAIVER FORM

I as a bonafide student of University of Central Punjab, Registration No....., bearing CNIC No:.....and driving license number:....., hereby agree to take full responsibility of vehicle number issued in my name.

Injury Waiver:

In case of an injury, no liability shall be borne by the institute and/or any management official. I, shall be responsible for the safety of both the vehicle and myself.

Furthermore, I agree to the terms and conditions as explained by the concerned authorities.

Contact Information:

Complete Name:

Contact No:

Permanent Address.....

Postal Address.....

Student Signatures

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