

FACULTY OF NURSING AND PUBLIC HEALTH

Annex-II

Form II: - Replacement of ICT/Office Equipment.

To,

Dean/Dy. Deans/Adm. Officer

Faculty of Nursing and Public Health.

Date: _____

1. Details of the Requesting Official

a) Name : _____ Designation: _____

b) Department : _____

2) Details of ICT/Office Equipment Requested for

a) Particular Name: _____

b) Number (s) Required: _____

c) Purpose (s)

Signature: _____

Comments from ICT/Administration Section:

Comments from Accounts Section: -

Approved By: - _____