

FACULTY OF NURSING AND PUBLIC HEALTH

Annex-V

Form V:- Surrender of ICT/Office Equipments.

To,
Dean/Dy. Deans/Adm. Officer
Faculty of Nursing and Public Health.

Date_____

1. Details of the Requesting Official

a) Name : _____

b) Department : _____

2) Details of ICT/Office Equipment Requested for

a) Particular Name:_____

b) Current Used By: _____

c) Reason (s) for Surrendering:-

Submitted By: (Name)_____ (Signature) _____

Recommended/Forwarded By: (Name) _____ (Signature)_____

Designation: _____

Remarks if any : _____

Comments from ICT/Administration Section:

(For Administrative Purposes Only).

Particulars Purchased:_____

Number (s) Purchased:_____

Codification No (s):_____

Forwarded by:- (Name)_____ (Signature)_____