

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)** _____