

FACULTY OF NURSING AND PUBLIC HEALTH

Annex-IV

Form IV:- Transfer of ICT/Office Equipments.

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

Date_____

From Official Details	To Proposed Official Details
Name of Official:_____	Name of Official:_____
Department:_____	Department:_____
Particular Item (s):_____	Particular Item (s):_____
Number (s):_____	Number (s):_____
Current Purpose:_____	Current Purpose:_____

Submitted By: (Name)_____ (Signature) _____

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

Designation: _____

Remarks if any : _____

Comments from ICT/Administration Section:

Comments from Dean (if any):

(For Administrative Purposes Only).

Particulars Purchased:_____

Number (s) Purchased:_____

Codification No (s):_____

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