

Jaypee University of Information Technology, Waknaghat Solan H.P
REQUISITION PERFORMA FOR REPAIR OF EQUIPMENT

Sr. No.: _____ (To be filled by Lab Incharge)

Received on dated: _____

Name	Designation	Department	Mobile No	Signature with date
Sr. No.	Equipment	Qty	Remarks / Problem	

Note: Please fill all the above fields

Budget Head: _____

SIGNATURE OF HEAD
Head of Department

To be filled by Lab Incharge

Estimated repair cost of the above mentioned equipment is Rs. _____ only.

SIGNATURE OF HEAD

CERTIFICATE

Certified that the budget provision exists for the repair of above item(s) and that the funds are available. Recommended for approval.

Dated: _____

Signature Dean of Academic & Research
(Head of Department)

FOR USE IN ACCOUNTS SECTION

Sufficient funds are available /not available under budget Head _____ of (Department) _____ Funds amounting to Rs. _____ may be redeployed from Head _____ of Department _____ Funds cleared vide Sr. No. _____ on _____ for Rs. _____.

Approved Redeployment of Funds

ACCOUNTS SECTION

VC

APPROVED / NOT APPROVED

VC