



THAPAR UNIVERSITY, PATIALA
Centre of Information and Technology Management
REQUISITION PERFORMA FOR REPAIR OF EQUIPMENT

CITM/RAM/01

Sr. No.: _____ (To be filled by office of CITM)	Received on : _____
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TO: HEAD, CITM

NAME	Designation	Department	Signature With Date
Mobile:		E-mail:	
S. No.	Equipment	Quantity	Remarks/problem
Budge Head : _____		SIGNATURE OF HEAD (Head of Department School/Centre/Section/Unit)	

Note: Please fill all the above fields

To be filled by CITM

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

SIGNATURE OF HEAD, CITM

CERTIFICATE

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

Dated: _____

SIGNATURE OF HEAD
(Head of Department School/Centre/Section/Unit)

FOR USE IN ACCOUNTS SECTION (Please send this form to HCITM after fund clearance)

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

Approved Redeployment of Funds

ACCOUNTS SECTION

DIRECTOR

(Please send this form to HCITM after fund Clearance)

APPROVED/NOT APPROVED

DY. DIRECTOR /DIRECTOR