

Thapar Institute of Engineering & Technology*(Deemed to be University)***Centre of Information & Technology Management**
 THAPAR INSTITUTE
 OF ENGINEERING & TECHNOLOGY
 (Deemed to be University)

REQUISITION PERFORMA FOR REPAIR OF EQUIPMENT

Sr. No.: _____ (To be filled by office of CITM)

Received on dated: _____

TO: HEAD, CITM

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 School/Centre/Section/Unit)
To be filled by CITM

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

SIGNATURE OF HEAD, CITM

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 OF HEAD
 (Head of Department School/Centre/Section/Unit)
FOR USE IN ACCOUNTS SECTION

Sufficient funds are available/not available under budget Head _____ of (Department/school/Unit) _____ Funds amounting to Rs. _____ may be redeployed from Head _____ of Department/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