REQUISITION FORM



FORM NO. -2 (FOR COMPUTER/PRINTER/SCANNER/PERIPHERALS ETC.)

DEPARTMENT: MCA
PAPER CODE(IF APPLICABLE): Mca lab 4

Date: 2023-01-20

OFFICE USE ONLY

REFERENCE NO:TI/ 0

	DEPARTMENT USE ONLY							
SL.NO.	ITEM	SPECIFICATION/DESCRIPTION	TOTAL QUANTITY REQUIRED(A)	IN	QUANTITY	JUSTIFUCATION FOR NEW/ADDITIONAL QUANTITY		
1	Wall mounted		1	0	1	NOT PROVIDED.		

FULL SIGNATURE OF REQUISTOR DATE:	APPROVE BY H.O.D/IN-CHARGE	REMARKS
VERIFIED BY SYSTEM ADMINISTRATOR	APPROVE BY PRINCIPAL	REMARKS
FORWARD BY CPC	AFFROVE DI FRINCIPAL	