

**Asset Management Form**

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| --- | --- |
| Employee Name |  |
| Employee Code |  |
| Designation |  |
| Location |  |
| Asset/ Machine/ System Name |  |
| Model / Serial No. |  |
| Details of accessories issued |  |
| Tracking ID |  |
| Date of Issue |  |
| Date of Return (At the time of releasing the assets) |  |

I acknowledge that I have read and understood the terms and conditions of the Policy and further agree to abide by all the terms and conditions set forth herein.

I have received all the above stated items and satisfied with their working condition.

Date: …………………….. Signature:

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| Replacement UID (machine) | Tracking ID | Date |
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