



FORM - 20

भारतीय प्रौद्योगिकी संस्थान गुवाहाटी
INDIAN INSTITUTE OF TECHNOLOGY GUWAHATI

DESPATCH SLIP

Dept./Section/Centre: Date:

Project No. / Conference etc. (if applicable) :

Issue No.	Addressed to	Mode of Posting (SP / CR / Regd. / Airmail / Ord. etc.)	To be filled by Central Despatch Clerk	
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Counter Signature of the HOD/HOS/HOC/Project
Investigator or authorised Faculty/Officer

Signature of the Dept./Sec./Centre
Dealing Assistant



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