VISVESVARAYA NATIONAL INSTITUTE OF TECHNOLOGY, NAGPUR – 440010
REQUEST FORM FOR COMPUTER

Date: _____

Faculty/Staff Name: _____

Department / Section: _____

Computer:_____

Duration: _____

Quantity Required: _____ (in Figure) _____ (in words)

Purpose / Justification: _____

_____

Reference (if any):

_____

Signature of Faculty/Staff: _____

Name & Designation:

_____

Recommended / Forwarded by

Head of the Department/ Section Head /Chairman of Committee _____

			For Office Use	Signature
1	Remarks of Associate Dean (IT)	:		
2	Remarks of Dean (P&D)	:		
3	Recommendation by Director	:		

To,

In- Charge Computer Center