

Institute of Information and Communication Technology (IICT)
Job Requisition Form

Facilities Required for: Departmental Lab Office Personal Date:

1. (a) Name & Designation of Person:
- (b) Name of the Dept. /Office:
- (c) Payment Receipt No. & Date (if applicable):

2. Detail Description of the job:

Signature of the Concerned Person

Signature of the Head/Director
(for official only)

Received by:

Signature & Date:

Delivered to:

Signature & Date:

For IICT use only

a) Job Requisition No: Date:

b) Assigned Person :

Comments (if any):

Signature of the SIE

AD (S&S) / Director, IICT